

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

APPLICATION FOR APPOINTMENT

DIRECTOR,
FEDERAL BUREAU OF INVESTIGATION,
UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.

Louisville, Kentucky

September 21, 1939

SIR:

I hereby make application for appointment to the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent.....	<input checked="" type="checkbox"/>
Special Agent (Accountant).....	<input type="checkbox"/>
Stenographer.....	<input type="checkbox"/>
Typist.....	<input type="checkbox"/>
Laboratory Technician.....	<input type="checkbox"/>
Messenger.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

(Indicate by check)

(This application should be typewritten if possible)

1. Name in full (please print) Baumgardner, Fred Jackson
(Family name) (Given name) (Middle name)
(a) Female applicants must furnish maiden name _____
2. Legal residence 3907 S. 3rd Street, Louisville, Kentucky
3. Mail and telegraphic address 3907 S. 3rd Street, Louisville, Ky.
4. Date of birth 8/12/11 Weight 165 Height 5'9" Color White
5. Place of birth Munfordsville, Hart County, Kentucky
6. (a) Father's name Charles E. (b) Father's birthplace Hart County, Ky.
7. (a) Mother's maiden name Jones (b) Mother's birthplace Hart County, Ky.
8. If you were not born in United States, how long have you lived here? --
9. Are you a citizen of the United States? Yes
10. If naturalized, date and place of naturalization ---
11. Are you single, married, widowed, separated, or divorced? Single
(Specify)
12. If your husband (or wife) is employed, state where employed --
13. Number of children, if any --
14. Are you entirely dependent on your salary? Yes
15. To what extent are you financially indebted to others and to whom? No indebtedness

16. Education: (Please print.)

	NAME AND LOCATION OF SCHOOL	FROM—	TO—	COURSES PURSUED, DIPLOMAS OR DEGREES RECEIVED
(a) Elementary	Monsarratt Departmental	1917	1925	
(b) High school equivalent	Louisville Male High School	1925	1929	College Classical
(c) College or technical	University of Louisville	1931	1932	Pre-Law
	Jefferson School of Law	1934	1936	L.L.B.
(d) Miscellaneous				

17. Give names of clubs, societies, and other similar organizations of which you are a member:

United Order of American Mechanics--Kentucky State Bar Ass.
 Jefferson Alumnae Ass.--Kentucky Social Welfare Group.

18. Are you physically capable of discharging the duties of the position sought? (Any physical defects should be fully described) Yes

19. Health record for the past 3 years (give number of days of illness and nature of ailments):

No illness for past 3 years

20. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION	FROM—	TO—	ANNUAL SALARY
American Air Filter Co.	Laborer	During summer vacation for 3 years.		\$18.00 weekly
Wood Mosaic Co.	Clerk	1933	1934	\$20.00 weekly
City Assessor's Office	Clerk	June 1936	January 1937	\$1200.
Public Assistance Division State Welfare Dept.	Supervisor Jefferson Co. District	June 1937	to date	\$1800.

21. Have you ever been arrested? No.

Specify:

22. Have you ever been a defendant in any court action? No.

Specify:

23. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women (including your family physician, if you have one) of good standing in the community, and who have known you well during the past 5 or more years. (Please print.)

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS
1. Mr. Oscar Demling	4527 Southern Pkwy.	15	Demling's Drugs 3rd & Sou. Pkwy.
2. Dr. Ben F. Underwood	2829 S. 3rd St.	20	2829 S. 3rd St.
3. Mr. Marion Harlan	337 S. Birchwood	20	L&N R.R. CO. 10th & Bdw. Sts.
4. Mr. Thomas Young	126 E. Douglas Ave.	12	Supt. Kentucky Jockey Club
5. Mr. Charles Donahue	4509 S. 7th St.	10	President, South End Real Estate Co

24. List the names of any relatives now in the Government service, with the degree of relationship, and where employed:

None

25. What is the lowest entrance salary you will accept? \$2000.

26. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? One week

27. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? Yes



and prepared to accept assignment or transfer to any part of the country required, for either temporary or permanent duration? Yes

Photograph not larger than 3 by 4 1/4 inches. Write your name plainly on the photograph to be taken not more than 30 days prior to date of application.

Respectfully,

Fred F. Baumgardner
(Signature of applicant as usually written)

NOTE.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.

The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.

Subscribed and duly sworn to before me by the above-named applicant, this 26 day of September, 1939, at city (or town) of Louisville, county of Jefferson, and State (or Territory or District) of Kentucky.

[OFFICIAL IMPRESSION SEAL]

Charles H. [illegible]
(Signature of officer)
Notary Public Jefferson Co. Ky.
(Official title)
My commission expires 12-29-41

UNITED STATES CIVIL SERVICE COMMISSION

CERTIFICATE OF MEDICAL EXAMINATION UNDER EXECUTIVE ORDER, SEPT. 4, 1924

(APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE)

Fred J. Baumschlag
(Name)
3907 So 34 St Louisville, Ky
(Post-office address)
Male
(Sex)
August 12, 1911
(Date of birth)

What examination did you take? 7. B. H.

In what Department and Bureau are you to be employed? Dept. of Justice

In what City or Town are you to be employed? Washington D. C.

(PHYSICIAN SHOULD FILL IN THE FOLLOWING)

67 1/2 inches. * 164 pounds. 158 pounds.
(Height, without shoes) (Weight, in clothing) (Weight, without clothing)

Males, without clothing; females, clothed but without wrap or hat.

Items checked (V) were examined and found normal. Deviations from normal are noted. (See instructions on back of sheet)

1. Eyes: Distant vision: Without glasses: Right: 20 Left: 20 With glasses if worn: Right: 20 Left: 20
(Near vision must be reported; use space provided on back of this form.)
Evidence of disease or injury: Right No Left No

Color vision Normal Method of testing color vision U. S. P. H. S.

2. Ears: (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear—20 Left ear—20
20 ft. 20 ft.

Evidence of disease or injury: Right ear No Left ear No

3. Nose Normal

4. Mouth Normal

5. Throat Normal

6. Thyroid (especially in women) Normal

7. Heart Normal

If organic heart disease is

present, is it fully compensated?

8. Lungs: Right Normal

History of tuberculosis

Left ---

Has it been arrested for 1 year?

9. Hernia No

(Name variety: Inguinal, ventral, femoral, etc.)

If present, is it supported by

a well-fitting truss?

10. Varicose veins No

(If "Yes," state location and degree)

Varicocele No

(None, slight, moderate, severe)

11. Feet: Is flat foot present? No Degree of impairment of function None

(None, slight, moderate, severe)

12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above None

13. Scars of serious injury or disease Appendectomy scar good condition

14. Nervous system (give symptoms and history) Normal

15. Urinalysis (see over) --- Venereal disease No

16. Has applicant ever received pension, compensation, allowance, retired pay, or training because of disability received while in military or naval service? --- If "Yes," describe disability and state whether present now ---

17. In my opinion, applicant is capable of performing duties involving arduous physical exertion.
(Arduous, moderate, or light)

Louisville, Kentucky
(Place of examination)

October 16, 1939
(Date of examination)

The examining
physician
must be in
the Federal
service

J. F. Crane, M. D.
(Name of examining physician)

U. S. Marine Hospital
(Title, and branch of Federal medical service)

*For males, to be taken only upon special written request of the official ordering examination.

This report is to be returned to the official of the U. S. Civil Service Commission requesting the examination

The aim of the Executive order of Sept. 4, 1924, and of this examination thereunder is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

NOTES FOR EXAMINING PHYSICIAN

WEIGHT.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations, as to—

1. **EYES.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses.*

2. **EARS.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **NOSE.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **MOUTH.**—Missing teeth, pyorrhea.

5. **THROAT.**—Tonsils, hypertrophy or disease.

6. **THYROID.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **HEART.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated.

8. **LUNGS.**—It is necessary that the auscultatory cough be used. Tuberculosis; if present, state whether active or arrested, and if arrested your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **HERNIA.**—Give details as to size, location, etc., and whether well-fitting truss is worn. An inguinal hernia exists when ring is enlarged and impulse is felt on coughing.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small, insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made and blood pressure to be taken in the cases of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record, if taken—Urinalysis—sp. gr. 1.015 Albumen Neg Sugar Neg Casts Neg

Blood pressure: Mm. Hg. systolic 120 Mm. Hg. diastolic 74

If tachycardia is present, give pulse rate: Sitting _____ Immediately after exercise _____ Two minutes after exercise _____ Cardiac reserve good

(Good, fair, or poor)

I have found this applicant abnormal under the following headings: _____

REMARKS: _____

(Signature of applicant)

(This space to be filled in (as a matter of identification) by the applicant in own handwriting, and in ink, in the presence of the physician)

J. F. Crowl, M. D.

(Signature of examining physician)

U. S. Public Health Service
(Title, and branch of Federal medical service)

IMPORTANT

Full time? YES Part time? _____ Fee paid? _____

*Near vision.

What is the longest and the shortest distance at which the paragraph below can be read by applicant: Test each eye separately.

Without glasses R. 4 in. to 30 in. With glasses, if used R. in. to in.

L. 4 in. to 30 in.

L. in. to in.

With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examinations of applicants for and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative.
This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924).
Jaeger 1; Snellen .50; Dioptio 37 D.

To be appointed in—

Department _____

Bureau _____

Title of position _____

Number of certificate upon which applicant's name appears _____

COPY:

FEDERAL BUREAU OF INVESTIGATION
United States Department of Justice,
Washington, D. C.
October 13, 1939.

Medical Officer in Charge,
United States Public Health Service,
Portland Avenue, and 22nd Street,
Louisville, Kentucky.

Dear Sir:

The bearer of this letter, Mr. Fred J. Baumgardner, is a candidate for appointment to the service of the Federal Bureau of Investigation, United States Department of Justice, as a Special Agent.

In accordance with arrangements previously made, it is requested that a thorough physical examination be given to determine the fitness of this candidate for the position in question. The fingerprint of the right forefinger should be included, and also a notation as to the applicant's near vision.

Very truly yours,

s/s J. E. Hoover,

John Edgar Hoover,
Director

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION

OCT 9 8 1939

TELETYPE

FBI LOUISVILLE

10-16-39

2-10

PM

WLH

✓DIRECTOR

FRED ~~WAGG~~ JACKSON BAUMGARDNER SA APPLICANT. BORN AUGUST TWELVE NINETEEN ELEVEN. GRADUATED FROM LOUISVILLE MALE HIGH SCHOOL NINETEEN TWENTYNINE. COMPLETED CLASSICAL COURSE ~~WAGG~~ WITH AVERAGE GRADES. TOOK EXTRA COURSES WITH BETTER THAN AVERAGE GRADES. FIRST LIEUTENANT AND LIEUTENANT ADJUTANT ROTC. COMPLETED SPRING SEMESTER AT UNIVERSITY OF LOUISVILLE ~~WAGG~~ NINETEEN THIRTY. FAILED TO PASS. FAILED TO REENTER COLLEGE. GRADUATED FROM JEFFERSON SCHOOL OF LAW LOUISVILLE THIRTYSIX. BETTER THAN AVERAGE GRADES. ADMITED TO KENTUCKY BAR MARCH THIRTYSEVEN GOOD STANDING PRESENTLY HOLDS EXECUTIVE POSITION AS COUNTY SUPERVISOR OLD AGE PENSION DIVISION KENTUCKY STATE WELFARE DEPARTMENT WITH SUCCESS. ACTIVE IN DEMOCRATIC PARTY CIRCLES LOUISVILLE AND JEFFERSON COUNTY. BEARS EXCELLENG REPUTATION AND CHARACTER. TRUSTWORTHY, LOYAL, WELL BALANCED, AGGRESIVE AND GOOD MIXER. HABITS CONSIDERED EXCELLENT. NO POLIC^E RECORD. SATISFACTORY CREDIT RATING. PREVIOUS EMPLOYMENT RECORD GOOD. ALLL REFERENCES ~~WAGG~~ FAVORABLE.

REYNOLDS

END

OK FBI WASHINGTON DC OEC

OCT 18 1939

FEDERAL BUREAU OF INVESTIGATION

Form No. 1
THIS CASE ORIGINATED AT **LOUISVILLE, KENTUCKY** Lsvl. FILE NO. **67-237**

REPORT MADE AT Louisville, Ky.	DATE WHEN MADE 10/23/39	PERIOD FOR WHICH MADE 10/16, 17, 20/39	REPORT MADE BY F. E. HURLEY
TITLE 0 FRED JACKSON BAUMGARDNER			CHARACTER OF CASE APPLICANT - SPECIAL AGENT
<p>SYNOPSIS OF FACTS: Applicant was born 8/12/11, graduated from Louisville, Ky. Male High School, 1929 with average grades; took extra courses earning better than average grades. Won military honors as first lieutenant, ROTC. Completed one semester University of Louisville, with D average. Graduated with LLB Degree Jefferson School of Law, Louisville, 1936, averaging 84.90. Admitted to Kentucky Bar 3/2/37; admitted to practice before States Court of Appeals 4/30/37. Presently holds executive position as County Supervisor Old Age Assistance, State Welfare Department. Somewhat active in Democratic party circles, Louisville. Bears excellent reputation, and character; considered trustworthy and properly balanced. Personal habits excellent. Considered good mixer. Credit rating satisfactory. Previous employment record good. All references report favorably. No Police record. No adverse comments made.</p> <p style="text-align: center;">- C -</p> <p>Reference: Teletype to Louisville from Bureau, dated 10/13/39. Teletype from Louisville to Bureau, dated 10/16/39.</p> <p>Details: <u>AT LOUISVILLE, KENTUCKY</u></p> <p>Professor WILLIAM S. MILBURN, Principal of the Louisville Male High School, Brook and Breckenridge Streets, furnished Agent with the following scholastic record of Applicant BAUMGARDNER:</p>			
APPROVED AND FORWARDED: <i>J. D. [Signature]</i>		SPECIAL AGENT IN CHARGE NOV - 4 1939	
COPIES OF THIS REPORT 1 - Bureau 1 - Louisville 1 - [unclear] 1 - [unclear]		DO NOT WRITE IN THESE SPACES 67-136594-11 [Handwritten notes and stamps]	

Entered school September 9, 1925, born August 12, 1911, son of CHARLES E. and DORA BAUMGARDNER, residents of Louisville, Kentucky. Completed the four year classical course, and graduated June 12, 1929. During the last two years the applicant earned an average grade of 76.90. When graduated he ranked ninetieth in a class of one hundred thirty-six boys. Classical course was considered by the high school faculty to be the most difficult. This Applicant was absent thirteen times during the four years, and tardy twenty-five times during the same period. No disciplinary action was taken against him. During the senior year at the above mentioned high school, BAUMGARDNER earned the following individual rating:

English	84
Trigonometry	76
Spanish	75
Latin	75
Physiology	70
Botany	86
U. S. History	83

BAUMGARDNER also completed an extra history course during the fourth year and earned a rating of 90%. Other extra courses are as follows:

Physical Geography	75
Physiology	70
Botany	86

The high school records at Louisville also include notation to the effect that the applicant was a First Lieutenant and Lieutenant Adjutant, Reserve Officers Training Corps, regarded as a distinct honor. He was a member of the varsity baseball squad 1928 and 1929, earning his varsity letter twice. He was also a member of the athletic board in 1928 and again in 1929.

At the conclusion of the interview with Professor MILBURN, the latter stated that he remembers MR. BAUMGARDNER very well, and that he regarded him as an average student, but an aggressive, active boy, and a fine, young gentleman.

Professor RALPH E. HILL, Registrar, University of Louisville, personally submitted the following academic record as to MR. BAUMGARDNER. It appears that he entered school January 29, 1930, his address at that time was given as 3805 S. 4th Street, Louisville. His date of

birth was given as August 12, 1911. His parents' names were given as CHARLES and DORA BAUMGARDNER, residents of Louisville. The applicant completed the spring semester in June of 1930; his individual marks are listed herein as follows:

English composition	D
Spanish	C
European History	D
American History	C
Social Problems	C

In this connection Professor HILL advised that BAUMGARDNER earned eight and one-fourth points, or in other words a D average for the entire semester. Applicant failed to reenter college in the fall of 1930, but did take a special course in Social Legislation only, from February 1, 1938 to May 9, 1938. MR. HILL explained that BAUMGARDNER was failing in the said course at the time he withdrew from school two weeks prior to the completion of the semester. MR. HILL added that he could not understand the reason for applicant's failure because of the fact that he was apparently a bright and alert young man. He explained that the failure was probably due to the fact that BAUMGARDNER was working late at night with a view to earning sufficient money to help defray personal and scholastic expenses. According to the Professor, BAUMGARDNER was always a refined, well behaved, young gentleman; that certainly he never heard any statement from anyone to the contrary.

Attorney ROBERT E. GRUBBS, Registrar of the Jefferson School of Law, Louisville Trust Building, furnished the following record as to Applicant BAUMGARDNER:

Entered school in September 1934; completed the first year in June 1935, with individual grades submitted as follows:

Contracts	89
Criminal Law	84
Agency	88
Torts	94
Partnership	97
Sales	80
Bailments	87
Domestic Relations	88
Negotiable Instruments	84
General average	87.80

According to MR. GRUBBS, BAUMGARDNER graduated from school June 11, 1936, with a Bachelor of Laws Degree. During the second year he earned the following marks:

Evidence	87
Pleading	75
Real Property	85
Corporations	83
Wills	78
Equity	87
Constitutional Law	79
Average for year	82

General Average for two year course - 84.90.

The following information was obtained by Special Agent Charles A. May, Louisville, October 16, 1939, from MR. CHARLES K. O'CONNELL, Clerk of the Court of Appeals, State of Kentucky, Frankfort, Kentucky:

MR. O'CONNELL, a very satisfactory coöperator over a period of several years, reported via telephone that his office records disclose that BAUMGARDNER was admitted to the Kentucky Bar March 2, 1937, and that he was sworn in before the Court of Appeals and admitted to the general practice of law before the Court of Appeals April 30, 1937. MR. O'CONNELL also reported that his records indicate that MR. BAUMGARDNER is presently a member of good standing before the Kentucky Bar; that no complaints have been received against him, and that there are no contrary notations in the official record.

An examination of the 1939 issue of the Martindale-Hubbell Law Directory, disclosed that MR. BAUMGARDNER'S name is not listed therein.

ROBERT E. GRUBBS, Jefferson School of Law, and Attorney JOHN K. SKAGGS, former secretary, Louisville Bar Association, stated in substance and effect that the applicant is presently a member in good standing; that he is thought well of in legal circles in the city, although not an active practitioner. Each of the gentlemen listed herein added that MR. BAUMGARDNER is evidently a high class gentleman, and a young man of excellent personal and educational qualities.

MR. F. MCKEE GREER, Treasurer, American Air Filter Company, Inc., 125 Central Avenue, Louisville, personally checked old payroll records and ascertained that the applicant was employed as a laborer from

July 17, 1928 to September 8, 1928, and again from June 26, 1929 to October 19, 1929. In the first instance BAUMGARDNER resigned with a view to returning to school. In October 1929 he was automatically discharged because of economic reasons only.

During the above listed periods of time MR. BAUMGARDNER earned 35¢ per hour. The records disclose no notation of irregularities or dissatisfaction with the services rendered. In reporting the above facts MR. GREER added that none of the presently employed foremen or shop superintendents were connected with the company in 1928 and 1929, and consequently none of them are able to furnish any information as to the character of service rendered.

MR. FRANK C. STARKEY, Personnel Director, Wood-Mosaic Company, Inc., Highland Park, Louisville, was interviewed. This concern is engaged in the manufacture of lumber, veneer, and hardware flooring. STARKEY advised that he has known MR. BAUMGARDNER, his parents and other members of the said family over a period of several years; that he has a distinct recollection of the services rendered by the applicant in 1933 and again in 1934; that the young gentleman in question was employed as a laborer and a record clerk serving under the direct supervision of MR. THOMAS M. MILLETT, Sawmill Superintendent.

MR. STARKEY was unable to furnish definite dates because of the fact that payroll records of laborers at that time are not available. He explained that BAUMGARDNER was not regularly employed, but actually worked approximately nine full months in the service of the company. It is MR. STARKEY'S recollection that BAUMGARDNER was attending night school classes at the time. Part of the services rendered were during school vacation period. It is his knowledge that BAUMGARDNER resigned of his own volition sometime in the fall of 1934; further, the services rendered proved entirely satisfactory; that the applicant was considered to be an exceptional boy who merited advancement. In STARKEY'S opinion the applicant developed well with the company, and had he cared to stay would undoubtedly have earned an executive position. It was this gentleman's knowledge, however, that BAUMGARDNER preferred to continue his schooling and consequently this ambition was not discouraged.

In conclusion MR. STARKEY stated that BAUMGARDNER was highly regarded by executive officers and his associates in the mill; that he is a

boy of excellent family background though ordinary financial means. He regards the applicant's character and reputation as being exceptional, and that it is his personal knowledge that the applicant's habits are good.

MR. THOMAS M. MILLETT, Superintendent of the Sawmill, Wood-Mosaic Company, substantially corroborated each of the statements previously made by MR. F. C. STARKEY. In addition MR. MILLETT stated that he is unable to produce actual payroll records as to BAUMGARDNER or any of the ordinary laborers employed in 1933 and 1934. It is his distinct recollection, however, that BAUMGARDNER worked in the sawmill and in the office, assisting in keeping production records. He resigned of his own free will sometime in the fall of 1934, with a view to entering school. MR. MILLETT commented to the effect that he has known the applicant personally for many years; that he can sincerely testify that BAUMGARDNER is a young man of very excellent character, and reputation; that he is a young man of fine general appearance; that he meets people well, and creates very favorable impression; that he is a nicely educated young man, and studiously inclined; that it is common knowledge that BAUMGARDNER is a success in his present position as Supervisor of Old Age Pensions, Kentucky State Welfare Board.

The only criticism MR. MILLETT had to make of the applicant was that at times BAUMGARDNER is a little cocky in the presence of more matured men, particularly men who have distinguished themselves. This gentleman attributed this slight fault to the fact that BAUMGARDNER may have been a little nervous and sought to hide this condition by pretending to be confident in his demeanor. In short, MR. MILLETT added that he is very fond of the applicant and knows that he has the necessary qualities to hold a position of trust, honor, and responsibility. He also commented on the fact that MR. BAUMGARDNER during the past year or so has acted as Precinct Captain in the interest of the Democratic party, City of Louisville.

MR. JOHN KESSELRING, City Assessor, Louisville City Hall, advised that he has no business or social relations with the applicant other than sometime in the summer of 1936 he was employed as an extra clerk. In this connection he advised that BAUMGARDNER was so employed for a few weeks, and that he resigned of his own volition. This gentleman advised that it is his recollection that the applicant rendered satisfactory services, and was well thought of by his associate clerks.

MR. ROBERT T. HICKMAN, Department Manager, Kesselring-Netherton Insurance Company, Louisville, and former Assistant City Assessor, advised that BAUMGARDNER was employed under his direct supervision for a period of several weeks, sometime in 1936; that he was an extra clerk, and for the most time operated a multigraph machine; that it is his personal knowledge that BAUMGARDNER rendered very satisfactory service. This cooperator added that the applicant was friendly, obliging and reliable; that his manners and personal habits were such as to create a favorable impression; that he met the public well, and to the entire satisfaction of his supervisors in office.

MR. HICKMAN had no adverse comments to make and frankly admitted that he has heard nothing disparaging or discreditable as to BAUMGARDNER'S past record and conduct.

MRS. ETHEL COURT, a former secretary and clerk at the City Assessor's office, and MISS EVELYN M. HIXSON, the present secretary to MR. KESSELRING, advised that they distinctly remember MR. BAUMGARDNER, and as a consequence can vouch for the fact that he was an entirely satisfactory subordinate clerk.

The above named gentlemen and ladies interviewed remember that BAUMGARDNER was employed in 1936, but remarked that it would be quite difficult to go to the basement and search for the payroll records because of the present confusion, a disorder soon to be rectified.

During the course of Agent's inquiries in Louisville just recently, it was ascertained from several well informed citizens that applicant has been employed as Assistant Supervisor and Supervisor of Old Age Assistance for Jefferson County, and operating under the direction of the Commissioner, Kentucky State Welfare Board, during the past two years or more; that applicant is presently employed as Supervisor.

As such, he is the sole executive officer of a field and office force consisting of about twenty investigators. As supervisor it is his duty to investigate all applications for old age assistance (pensions) within the county. Such work necessitates his personal supervision of all investigations, the submission of reports and the detailed executive duties entailed. Furthermore, he is directly responsible

to the Commissioner of the Welfare Board at Frankfort, Kentucky. MR. BAUMGARDNER'S office is presently located in the Kenyon Building, South Fifth Street, Louisville.

Superintendent THOMAS E. YOUNG, Churchill-Downs-Latonia, Inc., famous race tracks, located at Louisville and Latonia, Kentucky respectively, was recently interviewed at his office in Louisville. MR. YOUNG resides at 126 E. Douglas Avenue, Louisville. Briefly this gentleman advised that the applicant is personally well known to him as being a young man of excellent character and reputation. During the past few years he has been an intimate friend and business associate of his son, JUDGE THOMAS H. YOUNG, a Magistrate, Second District, Jefferson County, Kentucky. MR. YOUNG added that he entertains a high personal regard for BAUMGARDNER, and commented to the effect that the latter is a steady, ambitious and aggressive young man. MR. YOUNG also stated that he feels sure that BAUMGARDNER has the necessary personal appearance and qualities necessary to a minor executive position. He also commented on the quality of the applicant's education, and the fact that he has proved to be a distinct success as a Supervisor of Old Age Pensions in Jefferson County.

Judge THOMAS H. YOUNG, Magistrate, Jefferson County Court House, residing at 2828 Hook Avenue, Louisville, stated that he has known BAUMGARDNER over a period of fourteen or fifteen years; that as a matter of fact he went to the same schools with applicant, and throughout that period was a steady friend and associate.

JUDGE YOUNG added that BAUMGARDNER is a clean cut, honest, sincere boy; that he is religiously inclined, and has regularly attended the Memorial Baptist Church, located near the corner of Southern Parkway and South Third Street during the past few years; that BAUMGARDNER has been interested in Democratic party politics in a small way; that at the present time he is a Precinct Captain in the vicinity of his home located at 3907 S. Third Street, Louisville.

The Judge added that BAUMGARDNER is a very liberal and honest minded boy; that he remembers very distinctly that during the quite recent Ku Klux Klan movement in 1928, BAUMGARDNER was one of a committee of Baptists who called on the Pastor of the Memorial Church and protested

against the illiberal religious views entertained by their clergyman. In this connection Judge YOUNG stated that he mentioned this latter statement in order to prove that BAUMGARDNER is a very honest minded and liberal person, and that he holds firmly to the best principles of a Democratic form of Government and its operation. He also stated that MR. BAUMGARDNER has carried his fine, liberal and honest qualities into his present position as Supervisor of Old Age Assistance; that because of his thorough investigations, and incorrupt character, he has caused considerable resentment among the so-called practical politicians in the city and county; that in spite of these resentments he has held to the straight and narrow course, and in this respect he is being supported by his superiors in office. Judge YOUNG felt sure that MR. BAUMGARDNER is absolutely loyal and honest, and that he can be fully trusted to handle matters of a strictly confidential nature to the entire satisfaction of his official directors.

Furthermore, the Judge added that in his opinion BAUMGARDNER is not political minded; that he is not actuated by political motives; that consequently, if appointed to a non-political position, he would not be controlled by political motives or objectives.

Captain MARION B. HARLAN, Chief of Police, Louisville & Nashville Railroad, 10th and Broadway, residing at 333 S. Birchwood Avenue, Louisville, stated that CHARLES E. BAUMGARDNER, the father of the applicant, has been employed by the said railroad under his supervision for a number of years; that consequently he has known the applicant and other members of the family over a long period of time; that, as a matter of fact, he has known the applicant since he was eight or nine years of age; that consequently he could testify that the boy has developed into a fine specimen of manhood, and that he possesses an excellent character and reputation.

Captain HARLAN also commented on the fact that BAUMGARDNER is a young man of good health, and satisfactory personal appearance; that he seems to be quite an orderly minded and sensible young man; that it is his personal knowledge that the applicant is properly ambitious, and that he educated himself via the rough or hard way. In explanation of this latter statement, the Captain stated that the applicant has had to work hard in order to finance his education; that he has faced many discouragements and consequently was forced to drop school work; that in spite of these discouragements BAUMGARDNER has held steadily to his ambition to qualify as a lawyer; that the fact is well known that the young man has attained his ambition, and has met the qualifications

of the Kentucky State and City Bar Associations. The Captain also commented on the fact that BAUMGARDNER has been a close friend and associate of his own son, MARION B. HARLAN, JR.; that as a matter of fact the two young men were members of the same classes in school. Captain HARLAN had no adverse comments to make concerning the character, reputation and moral habits of the young man in question.

Sergeant WILLIAM J. KILKELLY, Louisville & Nashville Railroad Police Department was interviewed at a different time and under different circumstances. This latter gentleman expressed himself in much the same manner as did Captain HARLAN. He called attention to the fact that the younger BAUMGARDNER has frequently dropped in to the office accompanied by his father, CHARLES E. BAUMGARDNER; that during the course of conversations it was clearly established; that the applicant is a clear thinking, steady and high class type of boy.

Sergeant DUDLEY L. SPANGENBURG, a highly satisfactory cooperator in the past, and also a member of the Louisville & Nashville Police Department, commented along the same lines as Sergeant KILKELLY. Both of these gentlemen stated in all sincerity that if they knew of any discreditable incident in BAUMGARDNER'S past life, they would certainly ^{have} mentioned it; that the truth is they know of no such incidents, and feel sure that BAUMGARDNER'S record is very clean and honorable.

MR. OSCAR DEMLING, proprietor of DEMLING'S Pharmacy, 3781 Southern Parkway, Louisville, advised that he has known the applicant for over a period of twenty years; that during this period of time he has seen the young man nearly every day; that consequently he can reliably testify to the fact that he is a young man of excellent habits; that certainly he has never heard anything to the contrary. MR. DEMLING also stated that he has served the BAUMGARDNER family for a great many years, and that the truth is that they all seem to possess good health, based principally on the fact that they have not purchased much medicine from him, other than antiseptics and cough syrup, and a few such articles. This latter statement was made in all sincerity, but with some amusement. In short, MR. DEMLING spoke very highly of the applicant in all respects.

DR. BEN F. UNDERWOOD, M. D., 2829 South Third Street, stated that he has treated members of the BAUMGARDNER family during the past several years; that practically speaking he may be considered to be

their family doctor; that as such it is his personal knowledge that the applicant is a high class, self-respecting, splendid young man; that he is of good physique, and possesses excellent health; that in other respects he saw nothing but promise for the manner in which the young man has developed, and personally defrayed his educational expenses by working for the most part during the day and attending classes at night. Many of the doctor's remarks have been reported above by other references and citizens of Louisville. No contrary remarks were made by this gentleman.

MR. CHARLES DONAHUE, General Manager of Donahue's Real Estate Agency, and of the South End Federal Savings & Loan Association, 3016 S. Fourth Street, advised that he has known BAUMGARDNER about fifteen or more years; that as a matter of fact the applicant and DONAHUE'S son have been good friends during that period of time; that because of this close intimacy between the young men, he has had the opportunity of personally observing the applicant's development; that for this reason he feels safe in saying that the boy is a man of excellent habits and personal qualities. MR. DONAHUE highly recommended BAUMGARDNER to Agent and in much the same manner as did other gentlemen previously interviewed. In this connection he spoke about the young man's personal habits, personal appearance, health, and other pertinent facts of interest to the Bureau, all of which were favorable.

Judge ROBERT C. LOGAN, Louisville Trust Building, and legal associate of Attorney ROBERT E. GRUBBS, is generally regarded as being a man of distinction in legal and social circles in Louisville. As a matter of fact he was, up until quite recently, Judge of the Louisville Juvenile Court. For these reasons the Judge was interviewed relative to MR. BAUMGARDNER at which time he commented very favorably along different lines. More particularly he expressed the firm conviction that MR. BAUMGARDNER is a decided success as Supervisor of Old Age Assistance in the City of Louisville and Jefferson County. In this connection the Judge added that he has frequently called on MR. BAUMGARDNER concerning such pensions, and has found him to be keen, shrewd, very honest, liberal and correct. The Judge also commented on the evidence of splendid executive ability, and in this connection stated that the applicant handles his duties remarkably.

For Agent's information Judge LOGAN enumerated several detailed investigative duties that the applicant is required to perform, and also the submission of reports, the rechecking and re-investigation of different

cases many times in the face of political hindrance or interference. The Judge laughingly remarked that the position held by MR. BAUMGARDNER at the present time is a political appointment, but nevertheless the young man is doing his duty in the most liberal and honest manner that he can.

The Judge who has assisted Agent in several official matters in the past stated that as a former investigator himself he would most certainly call to Agent's attention any dereliction of duty known to him, on the part of MR. BAUMGARDNER, or any pointed criticism or irregularity, if known. As a matter of fact he stated that he knows of none, and has never heard anybody mention anything of that nature.

Colonel FRANK CASSELL, Chief of Police for Jefferson County and President of the Louisville Male High School during 1938-39, stated, as a good friend and cooperator, that he has known BAUMGARDNER for several years; that he knows for a certainty that the applicant bears an excellent character and fine reputation; that he considers him to be bright, alert and mentally well balanced; that his basic character is sound; that he has never heard his reputation or morals questioned; that during the applicant's high school career the latter was a good ball player and a fair all around athlete; that so far as known to him, BAUMGARDNER maintains the best of health.

In conclusion, Colonel CASSELL added that he has heard many favorable comments concerning the manner in which BAUMGARDNER handles his present executive duties; that, as a matter of fact, some politicians may not like him, but practical politicians as a rule have a habit of disliking men that are sincere and honest in the performance of their duties. In making this latter remark the Colonel smiled broadly and in his manner betrayed a dislike for certain types of so-called practical politicians.

Judge LUTHER M. ROBERTS, a former County Judge, and presently Assistant City Attorney, Louisville, stated that applicant is a member in good standing in the United Order of American Mechanics. The Judge also commented on the fine personal character and qualities of the applicant in question. Many of his remarks corresponded to others previously frequently mentioned. He had no criticism to offer and made no remarks to the contrary concerning the applicant.

The following neighbors of Applicant BAUMGARDNER were contacted relative to his neighborhood conduct and general reputation in the community:

THEODORE A. WOLF, a barber, 3902 S. Third Street
MRS. L.A. REINSTEDLER, 3909 S. Third Street
MRS. G. E. HURST, 3945 S. Third Street
LEWIS LAMMLEIN, 3946 S. Third Street
MRS. M. J. BROADNER, 3906 S. Third Street

All of the above listed ladies and gentlemen spoke very highly of the applicant. Briefly, they stated in substance and effect that the young man is well behaved, quiet and gentlemanly. Apparently they regard him as being a young man of excellent habits. They consider him friendly, agreeable, and modest. MRS. REINSTEDLER stated in particular that her husband just recently returned home from the center of town with the applicant, and commented on the fact quite enthusiastically that in his opinion applicant is one of the finest young men that he knows in town.

MR. ARTHUR FISHER, Manager of Steiden Stores, Collins and South Third Street, Louisville, stated that he has been personally well acquainted with BAUMGARDNER during the past seven years; that, as a matter of fact, he has been a close neighborhood chum of the young man; that in spite of the fact that he is married and that the applicant is a single man, they have kept company regularly; that in view of these facts he feels well qualified in saying that MR. BAUMGARDNER is a man of clean habits and sound character. MR. FISHER added that BAUMGARDNER is an exceptionally good mixer, and so far as he has observed, is well liked in all circles, religious, social and to some extent political.

Manager WILLIAM M. DUFFY, Social Security Board, Bureau of Old Age Insurance, Federal Building, Louisville, stated that he has been personally and quite intimately acquainted with the applicant and members of the BAUMGARDNER family over a period of several years; that BAUMGARDNER possesses a fine family background; that members of the said family have never been in good financial circumstances, although honest, and the kind of people who pay their debts. MR. DUFFY added that he has been in an excellent position to observe MR. BAUMGARDNER at his present place of employment over a three year period. He called attention to the fact that many people called at his office in the Federal Building concerning old age pensions, many of which should have gone to MR. BAUMGARDNER'S office for assistance; that in

view of the fact that they have many official interests in common, he and BAUMGARDNER have become close and intimate friends, and frequently discuss their respective problems; that in this way he has ascertained that BAUMGARDNER possesses a clear-cut and thorough knowledge of old age pension matters; that consequently the applicant has been very helpful to him.

MR. DUFFY also stated that he knows that MR. BAUMGARDNER has been very successful as an investigator and executive in the employ of the Kentucky State Welfare Board; that he also knows that because of the political setup and the fact that he is a political appointee, BAUMGARDNER has been very unhappy in his work; that the truth is that BAUMGARDNER does not like political interference in the performance of his duties or in the manner in which he is conducting his office; that it is his, DUFFY'S, knowledge, that BAUMGARDNER has repeatedly expressed his distaste for some so-called practical politicians because of their insistence on his proving unmerited old age pensions for political constituents.

In a more personal manner, MR. DUFFY stated that he has a high regard for MR. BAUMGARDNER'S many excellent qualities; that BAUMGARDNER is a splendid mixer, and holds his own in almost any circle; that he has observed the applicant very closely during out of State trips in the interest of the Young Men's Democratic National Association; that while on these trips the applicant retained his good balance, affability, but above all his sobriety, when many of his close friends and associates were drinking and in other ways entertaining themselves in rather an intoxicated condition.

MR. DUFFY also stated that in his most sincere opinion he believes that BAUMGARDNER will not mix politics with any Government position that he might be fortunate to obtain; that is, in the event that he is appointed to a non-political position. In explanation of this latter remark DUFFY stated that BAUMGARDNER IS not sufficiently political minded to allow his conduct to be motivated by political considerations, especially in a non-political office. In making this latter comment, MR. DUFFY stated that he is more than reasonably certain that he is right.

Attorney RAY KIRCHDORFER, United States Commissioner, located in Louisville, corroborated in substance all of the statements previously

made. Briefly, he stated that BAUMGARDNER IS an O. K. fellow, and that he possesses a correct mental balance. He also stated that during a trip to the Young Democrats' National Convention, Pittsburgh, Pa., early in the year, BAUMGARDNER was conspicuous in his good behavior, and gentlemanly conduct. He also commented on the fact that BAUMGARDNER was presently well liked and fraternized freely and happily wherever he goes.

MR. CARSON L. BARD, office manager, Louisville Credit Rating Company, 810 M. E. Taylor Building, Louisville, stated that the applicant's credit rating is considered good. There are no adverse notations made on the index card. The only item of importance is an account for \$30.00 with a local clothing store. Payments have been prompt and satisfactory. MR. BARD commented to the effect that evidently BAUMGARDNER is considered to be a good risk for small accounts.

Agent's inquiries at the Police Record Bureau, Louisville, developed no arrest record as to BAUMGARDNER.

AT FRANKFORT, KENTUCKY

During telephone conversation with Agent, MR. W. ARCH BENNETT, Deputy Commissioner, Kentucky State Department of Public Welfare, advised that MR. BAUMGARDNER'S conduct in office as Jefferson County Supervisor of Old Age Assistance has been entirely satisfactory, and above criticism; that no complaints of any consequence have been received against him; that his record with the Department is four plus, or in other words very satisfactory.

Subsequent to the preliminary investigation covering all necessary angles of consequence to the Bureau a teletype message was directed to the Bureau October 16, 1939, in which a brief synopsis of the investigative results was incorporated.

Many casual and very discreet inquiries were made by Agent in contacting friends and co-operators other than reported above. In this connection it may be pertinent to remark that no comments of an adverse nature were made.

- C L O S E D -

WRG:GD
67-136594

Federal Bureau of Investigation
United States Department of Justice

Washington, D. C.
BRIEF OF INVESTIGATION

October 30, 1939

RE: FRED JACKSON BAUMGARDNER
Special Agent Applicant

Written rating: 57%
Oral " : 63%
Composite " : 60%

Age: 28
Single

1 yr. - Univ. of Louisville
(Pre-Law)
LL.B. - Jefferson School of
Law
Member Kentucky Bar

EDUCATION:

Louisville Male High School,
Ky., 1925 - 1929

Records show applicant graduated 90th in a class of 136, taking the classical course which was considered the most difficult, attaining an average for his last two years of 76.90. Applicant was tardy 25 times and his highest mark was 90% in an extra history course his lowest, 70% in physiology. Applicant was a First Lieutenant and Lieutenant Adjutant, ROTC, which was regarded as a distinct honor. Applicant earned his varsity letter twice in baseball. Professor Milburn, Principal, stated applicant was an average student, but an aggressive active boy, and a fine young gentleman.

University of Louisville, Ky.,
1931 - 1932 (as on appl.)

Professor Hill, Registrar, stated applicant entered in January 1930 and attended until June 1930, earning a D average for the semester. He did not reenter college in the fall but did take a special course in Social Legislation only from February to May 1938. Mr. Hill stated applicant was failing in said course at the time he withdrew from school and added that he could not understand the reason for applicant's failure because he was apparently a bright and alert young man but explained that the failure was probably due to the fact that applicant was working late at night. Mr. Hill stated applicant was refined, and well behaved.

Jefferson School of Law,
Louisville, Ky., 1934-1936

Applicant graduated with an LL.B. degree in June 1936, after attaining a general average of 84.90 for the two years.

Member Kentucky Bar

Admitted March 1937.

EXPERIENCE:

American Air Filter Co., -
Louisville, Ky., Laborer, 3 yrs.
during summer vacations, (as on
appl.)

Mr. Greer, Treasurer, stated applicant was employed the summers of 1928 and 1929; resigning to return to school in the first case and being automatically discharged in the second case due to economic reasons only. Records show no irregularities or dissatisfactions with the services rendered.

Do not write in this space

Routed.....
Numbered.....
Serialized.....
Indexed.....
Recorded.....
Checked.....
Filed.....

Searched - Section #1.....
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Number 67-136594-12
Block
Routing

EXPERIENCE: (Continued)

Wood Mosiac Co., Louisville, Ky., Mr. Starkey, Personnel Director, stated applicant was employed as a laborer and record clerk under Mr. Millett, Clerk, 1933 - 1934 Sawmill Superintendent. Mr. Starkey stated applicant was not regularly employed but worked approximately nine months altogether in the company; that he resigned of his own volition in 1934; that his services proved entirely satisfactory; that he was considered an exceptional boy who merited advancement; that he would have developed well with the company had he cared to stay and would undoubtedly have earned an executive position; however, applicant preferred to continue his schooling and this ambition was not discouraged. Applicant was highly regarded by executive officers and his associates. Mr. Millett, mentioned above, substantially corroborated each of the statements made by Mr. Starkey however, his only criticism of applicant was that at times he appeared a little cocky in the presence of more matured men, particularly men who have distinguished themselves, and he attributed this slight fault to the fact that applicant may have been a little nervous and sought to hide this condition by pretending to be confident in his demeanor. He stated that applicant has the necessary qualities to hold a position of trust, honor and responsibility.

City Assessor's Office, Louisville, Mr. Kesselring, City Assessor, stated applicant was employed as an extra clerk for several weeks in the summer of 1936 and resigned of his own volition; that he rendered satisfactory services and was well thought of by his associates. Mr. Hickman, former City Assessor, stated he was applicant's supervisor, for a period of several weeks in 1936; that for the most time he operated a multigraph machine and his services were very satisfactory; that he was friendly, obliging, reliable; he created a favorable impression through his manners and habits; he met the public well and to the entire satisfaction of his supervisors. Mrs. Court, a former secretary and clerk at this office, and Miss Hixson, present secretary to Mr. Kesselring, stated they can both vouch for the fact that applicant was an entirely satisfactory subordinate clerk.

Pub. Assistance Div., State Welfare Dept., Louisville, Ky., Supv. Jeff. Co. District, since June 1937 It was ascertained that as Supervisor of Old Age Assistance applicant is the sole executive officer of a field and office force consisting of about twenty investigators and it is his duty to investigate all applications for old age pensions within the county. Such work necessitates his personal supervision of all investigations, submission of reports and the detailed executive duties entailed and he is directly responsible to the Commissioner of the Welfare Board. Mr. Bennet, Deputy Commissioner, stated applicant's conduct in office has been entirely satisfactory and above criticism; that his record is 4 plus or very satisfactory. Judge Young, Jefferson County Magistrate, stated applicant has carried his fine, liberal and honest qualities into his present position that because of his thorough investigations, incorrupt character, he has caused considerable resentment among the so-called practical politicians in the city and county; that in spite of these resentments he has held to the straight and narrow course and in this respect is being supported by his superiors in office. Judge Young thought applicant absolutely loyal and honest; not political minded nor actuated by political motives and so if appointed to a non-political position would not be controlled by political motives or objectives. Judge Logan of Louisville, stated applicant is a decided success in this position; that he is keen, shrewd, honest, liberal and correct; that he has evidenced splendid executive ability and in this connection handles his duties remarkably. Chief of Police Cassell stated that some politicians may not like applicant but practical politicians as a rule have a habit of disliking men that are sincere and honest in the performance of their duties. Mr. Duffy, Social Security Board, Bureau of Old Age Insurance, stated applicant has been very successful in his position; that applicant is a political appointee and this fact has made him very unhappy in his work because he does not like political interference in the performance of his duties or in the manner in which he is conducting his office; that he has repeatedly expressed his distaste for politicians because of their insistence on his approving unmerited old age pensions for political constituents. Mr. Duffy stated applicant is not sufficiently

EXPERIENCE: (Continued)

political minded to allow his conduct to be motivated by political considerations, especially in a non-political office.

REFERENCES:

Oscar Demling, druggist,	Recommend applicant highly. Captain Harlan stated applicant's father has been employed under his supervision on
Dr. Ben F. Underwood,	the railroad for a number of years. Mr. Young stated ap-
Mr. Marion Harlan, Chief of Police,	plicant has the necessary personal appearance and qualities
Louisville & Nashville, R.R.	necessary for a minor executive position and that he
Supt. Thomas Young, Churchill Downs,	has proved a distinct success as Supervisor of Old Age
Charles Donahue, realtor, all	Pensions in Jefferson County.
Louisville, Ky.	

RELATIVES IN GOVERNMENT SERVICE: None.

MISCELLANEOUS:

Neighborhood investigations. Favorable. Judge Young stated applicant has been interested in Democratic Party politics in a small way, presently being Precinct Captain in the vicinity of his home. He also stated applicant is a very liberal and honest minded boy; that he remembers very distinctly that during the recent Klu Klux Klan movement in 1928, applicant was one of a committee of Baptists who called on the Pastor of the Memorial Church (the church which applicant regularly attends) and protested against the illiberal religious views entertained by their clergyman. Judge Young stated he mentioned this to prove that applicant is very honest minded and liberal and holds firmly to the best principles of a Democratic form of government and its operation.

Born August 12, 1911, Verified by school records.
Munfordsville, Ky.

Personal Interview with Interviewing Official J.D. Reynolds. Advised applicant is good in personal appearance, approach, and personality; neat in dress; has ordinary features; is well-poised; average in speech; self-confident; average in tact; answers general questions quickly; has had six months investigating experience in investigating applicants for public assistants and approximately one and a half years supervising such investigations in connection with his work with the State Welfare Department; he appears to be resourceful and may possibly have executive ability and is likely to develop. Mr. Reynolds ^{stated} applicant dresses neatly, presents a good personal appearance, ^{and} he is mature, possesses a rather pleasing personality, appears to have both feet on the ground and creates a favorable impression. Recommendation - favorable. Applicant was rated Fair as result of Dictation Test.

Special Interview test with SA H.W. Costello. Advised applicant displayed a pleasant manner throughout the interview, exhibited no apparent nervousness, displayed confidence and asked questions in such a way as to bring out the information, if possible, that he desired. He made a favorable, initial impression and his memorandum is substantially correct; however, he made no mention of a rumor to the effect that fictitious applicant was intoxicated on one occasion and had probably been arrested.

OUTSTANDING ENDORSERS: None.

Applicant's physical report shows eyes as normal without glasses and he is recommended for arduous physical exertion.

W. R. Glavin
W. R. Glavin

DEPARTMENT OF JUSTICE
PERSONNEL RECOMMENDATION SHEET

Name: **Mr. Fred J. Sauerbier**

Date: **November 7, 1979**

Present Status

- | | |
|--------------|---|
| 1. Title: | 2. Grade: |
| 3. Salary: | 4. Seat of Government: ()
Field: () |
| 5. Division: | 6. Appropriation: "Salaries and Expenses,
Federal Bureau of Investigation" |

Proposed Change

- | | |
|--|---|
| 7. Title: Special Agent | 8. Grade: CAF 9 |
| 9. Salary: \$3200 per annum and
\$5.00 per diem | 10. Seat of Government: ()
Field: (F) |
| 11. Division: | 12. Appropriation: "Salaries and Expenses,
Federal Bureau of Investigation" |
| 13. Effective: With entry on duty | 14. Position: Additional: ()
Vice: John J. Murray -
Identical: Identical |

15. Remarks:

Recommended for appointment as a Special Agent in grade CAF 9, with salary at the rate of \$3200 per annum and \$5.00 per diem in lieu of subsistence and expenses of travel and operation when absent from official headquarters.

CC: Miss Waddle
Chief, Audit Section

Respectfully submitted,

Director, Federal Bureau of Investigation.

Requirements as to Classification Act:	Efficiency () _____	Date _____	Initial _____
	Average provision () _____		

approved: _____

The Administrative Assistant
to the Attorney General.

Funds certification:

approved: _____

The Assistant
to the Attorney General.

Note: If more than one personnel change is proposed, schedule the same on a separate sheet under captions 1 to 15 above, and attach hereto.

Fred J. Baugher

PHYSICAL EXAM.

RECORDED
JAN 1 1940

Searched	Indexed
Serialized	Filed
Checked	Checked

67-13659-21

JAN 2 1940

RECEIVED



NAME

N.M.S. Form 16.

LABORATORY EXAMINATION

STATUS

U.S. NAVAL MEDICAL SCHOOL

Naval Medical Center

DATE

2325

Washington, D.C.

REPORT

KAHN

WASSERMANN

Request of

Qualitative

Quantitative

Cholesterolized

Units

Antigen

Address:

Negative

Negative

Request for Blood KAHN and Blood

WASSERMANN TESTS.

Blood type "O"


F. W. FARRAR, Lieutenant, (MC), U.S.N.

NAME BAUMGARDNER. F.

N.M.S. Form 6.

LABORATORY EXAMINATION

RATE F.B.I.

U. S. NAVAL MEDICAL SCHOOL,

Naval Medical Center,

DATE 12-7-39

Washington, D. C.

Request of Dr. Duncan.

Address: F.B.I. ROOM.

Diagnosis

Character of examination desired
R & M.

Amount 24 hours.....Submitted.....
Appearance.....Straw, clear.
Reaction.....Acid.....Sp.Gr. 1.015
Albumin.....Negative.
Sugar.....Negative.
Occult Blood.....Negative.
Special.....
.....
Casts.....
Cylindroids.....
Mucus.....Few shreds.
Leucocytes.....Rare.
Erythrocytes.....
Epithelium.....Rare squamous.
Crystals.....Few amorphous urates.


L. A. NIMMENSEN

Lt. Comdr. (MC), U.S.N. (MC), U.S.N.

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS OF THE
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

Washington, D. C.
Place

December 7 1939

HISTORY

Name Fred J. Baumgardner Age 28 years, 4 months
Nativity (state) Kentucky Married, Single, Widowed: _____ Number of Children _____

Diseases, operations, or injuries previous to age of 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Appendicitomy July 1931

Diseases, operations, or injuries subsequent to age 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Appendicitomy July 1931

Father (Living? YES State of Health Good
(Dead? _____ Cause & age at death? _____)

Mother (Living? YES State of Health Good
(Dead? _____ Cause & age at death? _____)

Brothers (Number living ONE State of Health Good
(Number dead NONE Cause & age at death? _____)

Sisters (Number living THREE State of Health Good
(Number dead NONE Cause & age at death? _____)

Has any member of family suffered from neurasthenia or insanity or been confined in any institution for the insane? Give relationship and full history of case.

none

Has any blood relative been an inmate of a penal institution or poorhouse? Give relationship and state reasons.

none

Habits: Tobacco? no Alcoholics? no Drugs? no

Let - Mr. Baumgardner
1-9-40
FBI 1
ENTERED ON CARD
17-14
1/17/41

Memo to Mr. Tolson
12/27/39 E.H.L.

Fred J. Baumgardner
Signature of Candidate.

PHYSICAL EXAMINATION

Eyes: Color? blue Exophthalmos? no

Chronic inflammation? no Other abnormality? no

Eyelids: Ptosis? no Condition of conjunctiva on eversion? normal

Other eye conditions? no

Vision: (Note: Each eye must be tested separately.)

Does candidate wear glasses? no For what purpose? —

Distant: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? — Left eye? —

Near: Uncorrected vision of right eye? 20' Left eye? 20'

Corrected vision of right eye? — Left eye? —

Remarks: —

Stilling's Color Deficient: I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII
Color sense: —
(Standard color plate test required)

Ears: Abnormalities? yes Evidence of mastoid or other disease: yes - not active

Condition of drums? Right perfect Left perfect
no discharge at present

Hearing: (Note: When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard:

Right ear 15/15 feet. Left ear 15/15 feet.

Distance whispered speech (Using residual air) can be heard:

Right ear — feet. Left ear — feet.

(Note: Use tuning fork tests, Rinne, Weber & Schwabach, if indicated.)

Right ear — Left ear —

Nose: Deflection of septum slight bend Polypi? no

Chronic nasal disease? no Is candidate a mouth breather? no

Palate: Cleft or perforated? no Other conditions? no

Fauces: Condition of tonsils? enlarged Pharynx? normal

H.E. Robins
Signature of Examining Specialist.

Height? 5 feet, 8 inches. Weight, stripped? 155 Pounds.

General appearance:	(Robust? <u>✓</u>)	Complexion:	(White? <u>✓</u>)
	(Puny? _____)		(Colored? _____)
	(Plethoric? _____)		(Blonde? <u>✓</u>)
	(Anaemic? _____)		(Brunette? _____)
	(Corpulent? _____)		(Florid? _____)
	(Emaciated? _____)		(Sallow? _____)

Skin: Diseases? h

Hair: Color: Dr. Brown Thickness h

Glands: Enlargement: h Other abnormalities h

Head, Depressions? h Asymmetries? h

Facial disfigurement? h Facial asymmetry? h

Abnormalities of speech? h

Neck: Goitre? h Other conditions? h

Chest: Inspiration 36 1/2 inches. Expiration 34 inches. Respiratory rate? 16

Inspection: h

Lungs: Palpation: h

Percussion: h

Auscultation: h

X-ray examination: h

Heart: Palpation: h

Percussion: h

Auscultation: h

Exercise Test: Step upon chair 25 times in 30 seconds. Pulse rate should return to normal after two minutes.

Pulse rate: Sitting 84 After exercise 128

Condition of heart after exercise: h

Blood pressure, Systolic? 116 Distolic? 70 Pulse pressure 46

Abdomen:

Circumference at umbilicus? 32⁴ Tenderness? ✓
Other abnormalities? ✓
Liver, percussion? ✓ Palpation? ✓
Spleen, percussion? ✓ Palpation? ✓
Inguinal rings? ✓ Hernia? ✓

Scrotum:

Varicocele? ✓ Hydrocele? ✓ Sarcocoele ✓

Testicles:

Induration? ✓ Atrophy? ✓
Other conditions? ✓

Penis:

Epispadias? ✓ Hypospadias? ✓
Condition of prepuce? ✓ Venereal diseases? ✓

Anus:

Hemorrhoids? ✓ Fistulae? ✓
Prolapse of bowel? ✓ Other conditions ✓

Spine:

Tenderness? ✓ Curvature? ✓

Reflexes:

Pupillary: ✓ Cremasteric: ✓
Patellar: ✓ Babinski: ✓ Ankleclonus: ✓

Upper Extremity:

Missing fingers? ✓ Contractures of hand? ✓
Condition of joints? ✓ Other conditions? ✓

Lower Extremity:

Flat foot? ✓ Bowed legs? ✓
Knock-knees? ✓ Varicose Veins? ✓

Hammer toes? ✓ Bunions? ✓ flat toe

Other abnormalities? ✓

Agility:

Co-ordination of muscular movements? ✓ Romberg? ✓

Defects of gait? ✓

Mental Condition? ✓
(Note: If indicated refer to specialist)

Temperature? ✓

Has this person been successfully vaccinated within 5 years? no

Has this person had prophylactic typhoid inoculation? yes Date last taken 1937

Urine: Color? See attached Sp. Gr.? See attached Albumin? See attached Sugar? See attached

Reaction? See attached Shreds? See attached Blood cells? See attached

Pus cells? See attached Casts? See attached Epitheleal cells? See attached

Blood: Red corpuscles per C.mm See attached White corpuscles per C.mm See attached

Differential count See attached

Blood serologic tests (syphilis): See attached Haemoglobin per cent: See attached

Has candidate any of the following defects, viz: Cachexia, or apparent predisposition to any constitutional diseases, permanent defects of either of the extremities or articulations, including defects of gait, flat foot, badly bowed legs, knock-knees, unnatural curvature of the spine, impaired vision, color-blindness, chronic diseases of the visual organs, epilepsy, insanity, chronic diseases of the ears, deafness, chronic nasal disease, polypi, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac pulmonary or renal affections, insufficient chest expansion, hernia, sarcocoele, hydrocele, varicocele (unless slight), fistula in ano, hemorrhoids, varicose veins on lower limbs (unless slight) stature less than 5 feet 4 inches, or more than 6 feet 2 inches, or any marked abnormality of speech or facial disfigurement?

Report of any special examination:

DENTAL EXAMINATION OF _____

GENERAL ORAL CONDITION

MUCOUS MEMBRANE

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Inflamed
<input type="checkbox"/>	Swollen
<input type="checkbox"/>	Ulcerated
<input type="checkbox"/>	Septic

SALIVA

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Excessive
<input type="checkbox"/>	Acidity
<input type="checkbox"/>	Thick or ropy
<input type="checkbox"/>	Odor

OCCUSION

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Class I
<input type="checkbox"/>	Class II
<input type="checkbox"/>	Class III

TONGUE

<input type="checkbox"/>	Coating
<input type="checkbox"/>	Cryptic
<input type="checkbox"/>	Ulcerated
<input type="checkbox"/>	Enlarged

Glands _____

Sinus _____

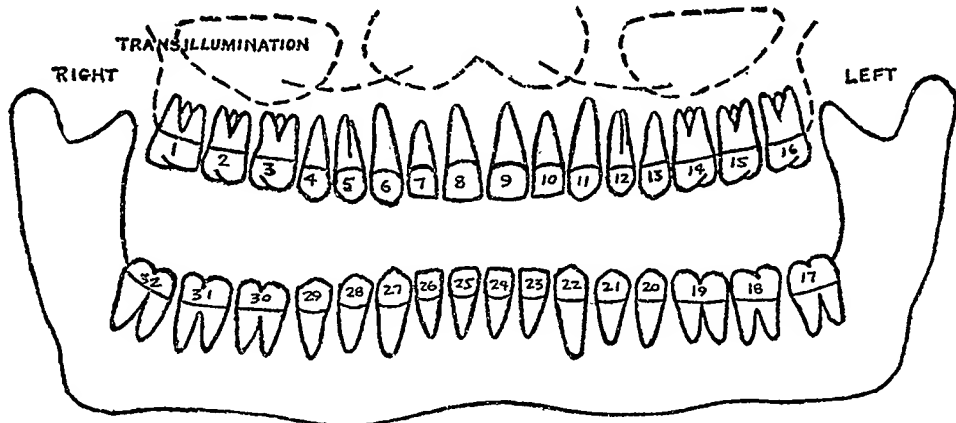
Throat _____

ARCH

<input type="checkbox"/>	Square
<input checked="" type="checkbox"/>	Tapering
<input type="checkbox"/>	Ovoid

DENTAL DIAGNOSIS

- A. Labial
- B. Lingual
- C. Incisal
- D. Occlusal
- E. Buccal
- G. Mesial
- H. Distal
- K. Mesio-labial
- L. Disto-labial
- M. Mesio-lingual
- N. Disto-lingual
- O. Mesio-incisal
- P. Disto-incisal
- R. Mesio-occlusal
- S. Disto-occlusal
- T. Bucco-occlusal
- U. Lingual-occlusal
- V. Mesio-disto-occlusal
- W. Bucco-lingual-occlusal



☒ Reels
 ☐ Abscess
 ☐ Impacted
 ☐ Crown
 ☐ Devitalized
 ☐ Dummy bridge
 ☐ On centre
 ☐ Missing
 ☒ Extraction Indicated

X-ray No. _____ X-ray reading _____

Gingival disease (indicate nature and extent) _____

Conditions of appliances replacing teeth _____

Remarks: _____

In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.

Date 12/7/39 (Signature) Wm. Taylor, Jr.
Dental Surgeon

Summary of Findings

(Summarize here all defects found.)

1. _____
2. Color Deficiency
3. _____
4. _____
5. _____

Recommendations: Smallpox prophylaxis

1. Is this man capable of strenuous ☒ moderate _____ light _____
or very light _____ physical exertion. (Indicate which).
2. Has this man any defect which would interfere with his participation
in raids or other work connected with the detection and apprehension
of criminals which might entail the practical use of firearms?
(Indicate YES or NO) NO

Remarks: Color deficiency is a
disqualifying defect.

H. K. Apple
R. E. Morgan
Quayle Brown

Administrative action by Federal Bureau of Investigation.

DIRECTOR

I, Fred J. Baumgardner do solemnly swear that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office of

Special Agent - Federal Bureau of Investigation - U. S. Department of Justice
on which I am about to enter: So help me God.

(Sign here) Fred J. Baumgardner

Subscribed and sworn to before me this) Where born (State Only) Kentucky
4th day) Date of birth August 12, 1911
of December A. D. 1939) Whence appointed:

Wm. C. Jackson
Notary Public

State Ky. County Jefferson
Congressional District 3rd

X-----X
: :
: SEAL :
: :
X-----X

Date of entry upon duty Dec. 4, 1939

Residence 3907 - So. 3rd St. Louisville, Ky.

Do you receive an annuity under the Civil Service Retirement Act? no

hed

February 21, 1940

U. S. Employees' Compensation
Commission
Washington, D. C.

Gentlemen:

There are enclosed herewith Employees' Compensation Commission forms C. A. 1 and C. A. 2, executed in connection with an injury sustained by Special Agent Fred J. Baumgardner of this Bureau in the performance of his official duty in December, 1939.

Very truly yours,

John Edgar Hoover
Director

ENCLOSURE

Enclosure

Mr. Tolson.....
Mr. Nathan.....
Mr. E. A. Tamm.....
Mr. Clegg.....
Mr. Ladd.....
Mr. Coffey.....
Mr. Egan.....
Mr. Glavin.....
Mr. Cowley.....
Mr. Harbo.....
Mr. Lester.....
Mr. Hendon.....
Mr. Nichols.....
Mr. Rosen.....
Mr. Sears.....
Mr. Quinn Tamm.....
Mr. Tracy.....
Miss Gandy.....

COMMUNICATIONS SECTION
MAILED
★ FEB 21 1940 ★
P. M.
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECORDED

66-7197-12
FEB 24 1940
U. S. DEPARTMENT OF JUSTICE

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OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYERS' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department of Justice 2. Bureau or office Federal Bureau of Investigation
(War, Navy, etc.) (Engineer, Navigation, etc.)
3. Place of employment FBI, U. S. Department of Justice, Washington, D. C.
(Arsenal, navy yard, etc.) (City) (State)
4. Reporting office Washington, D. C.
(Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred M. E. Goudge

The injured employee

6. Name of injured employee Ired J. Baumgardner 7. Age 21 8. Sex male 9. Race white
(Give first name in full) (City or town) (State)
10. Home address The Dodge House, Washington, D. C.
(Street and number) (City or town) (State)
11. Occupation and division Special Agent, FBI, Justice 12. Was employee doing his regular work? yes
(Give both, an laborer, hull division; helper, machine shop, etc.) If not, what work?
13. Total length of service with the Government as a civilian? Since December 4, 1939
14. How long at present work in this establishment? Since December 4, 1939, FBI
15. Dates of other injuries none
16. Rate of pay on date of injury, \$ 3.00 per annum {and subsistence valued at \$ _____ per _____
and quarters valued at \$ _____ per _____
17. Employee begins work at 9 A.M. m. 18. Regular day's work ends 5:00 p. m.
(Hour, a. m. or p. m.) subject to 24-hour duty (Hour, a. m. or p. m.)
19. Hours worked per day 7 of 10 20. Days paid per week seven

The injury

21. Place where injury occurred FBI Gymnasium, U. S. Department of Justice Building
(Give exact location, as name or number of building and division, etc.) approx. m.
22. Date of injury Approx. 12/19 1940; day of week not known; hour of day 10-2 m.
(a. m. or p. m.)
23. Date employee stopped work did not 1940; day of week _____; hour of day _____ m.
(a. m. or p. m.)
24. Date employee's pay stopped _____ 1940; day of week _____; hour of day _____ m.
(a. m. or p. m.)
25. Has employee returned to work? _____
(Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave _____ (Give exact dates) _____
(b) Sick leave _____ (Give exact dates) _____
(c) Any other reason _____ (Give exact dates) _____
27. Describe in full how injury occurred While exercising on stall bar strained back

28. State part of body injured and nature and extent of injury strained back

29. Did injury cause loss of any member or part of member? no If so, describe exactly no

30. Was employee injured while in performance of duty? yes If not, or in doubt, give detailed statement _____

31. Was injury caused by:
(a) Willful misconduct of the employee? no (b) Intention of employee to bring about injury or death of himself or another? no (c) Employee's intoxication? no
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion.)
32. Was written notice of injury given within 48 hours? no If not, did immediate superior have actual knowledge of injury? yes
(Answer to question 3, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury _____
M. E. Goudge, Federal Bureau of Investigation, U. S. Dept. of Justice
Richard L. Chapman, FBI, U. S. Department of Justice, Wash. D. C.
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? no If so, has employee been instructed in procedure under Commission's regulations? _____
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. R. J. McNulty, 1016 East Capitol St.
Washington, DC
36. How soon after injury? January 2, 1940
37. To what hospital sent? _____ Location _____
38. Name and address of physician now attending case _____
Signed this _____ day of _____, 19____
at _____ (Title)
C. A. 2
Revised in June 15, 1939 16-6027 (OVER)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

After completing an exercise on the stall bars Agent Baumgardner complained of a slight stiffness in his lower back. I recommended that he refrain from any exercise and suggest that the heat lamp might relieve the stiffness.

Signed this 22nd day of Jan., 1940

ME Goudge
(Signature of witness)

Agent Fred J. Baumgardner was exercising on a stall bar, pulling himself up and down, after exercising he came from the bar and mentioned that he had hurt his back.

Signed this 22 day of January, 1940

R. L. Chapman
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that F. J. Baumgardner was given first-aid treatment, or examined, on 1-2, 1940, at Washington, D.C. m., and not totally disabled for work. Probable length of disability will be indefinite. In my opinion disability due to injury on 1-2, 1940.
(Was or was not)
(Was or was not)
Nature of injury as found on examination Sacroiliac Strain

Hospitalized No Will return for further treatment
Discharged _____ Other disposition _____
Remarks _____

Signed this 14 day of Feb., 1940
at Washington, D.C.

R. D. McNulty, M.D.
(Signature of medical officer)
4016 E. C. P. H.
(Typed)
Physician

**EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR
COMPENSATION AND MEDICAL TREATMENT**

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Washington
(City or town)

DC
(State)

The Dodge Hotel
(Street and number)

January 20, 1940
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on Approx. 12/19, 1939
(Date)

not known, around 10 a.m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at FBI Gymnasium, Washington, D. C., Dept of Justice Building
(Give name of establishment where employed)

in the following manner: Exercising on stall bar

2. Cause of injury strain while exercising

3. Nature of injury Sacro-iliac sprain

4. Names of witnesses to injury:

Richard L. Chapman, FBI, U. S. Department of Justice, Washington, D. C.

M. E. Goudge, FBI, U. S. Department of Justice, Washington, D. C.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

Notice was given to Mr. Goudge at time of injury - At time of injury it was
thought to be trivial, but has become aggravated since

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) Ind J Baumgardner

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

hed

March 27, 1940

U. S. Employees' Compensation
Commission
Washington, D. C.

Re: F. J. BAUMGARDNER -
Injury

Gentlemen:

The following papers are transmitted herewith in connection with an injury sustained by Special Agent Fred J. Baumgardner on or about December 19, 1939, while in the performance of his official duties:

Employees' Compensation Commission form C. A. 2,
Employees' Compensation Commission form C. A. 20,
Two statements prepared by Dr. Herman C. Schumm.

Employees' Compensation Commission forms C. A. 1
and C. A. 2, originally executed in connection with this
injury, were forwarded to the Commission with my letter
dated February 21, 1940.

behind file
C ENCL 1

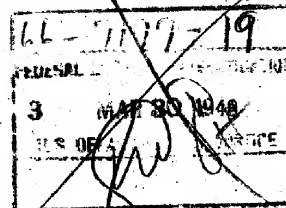
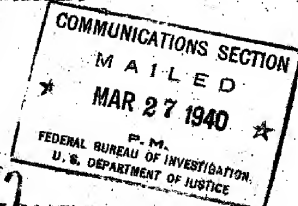
Very truly yours,

John Edgar Hoover
Director

Mr. Tolson.....
Mr. Nathan.....
Mr. E. A. Tamm.....
Mr. Clegg.....
Mr. Glavin.....
Mr. Ladd.....
Mr. Coffey.....
Mr. Egan.....
Mr. Gurnea.....
Mr. Harbo.....
Mr. Lester.....
Mr. Hendon.....
Mr. McGuire.....
Mr. Mumford.....
Mr. Rosen.....
Mr. Quinn Tamm.....
Mr. Nease.....
Mr. Tracy.....
Miss Gandy.....

Enclosure

RECORDED



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REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

March 18, 1940
(Date)

To DR. HAROLD K. NEBEL, 324 E. Wisconsin Ave., Milwaukee, Wis.
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician) (Location)

THE BEARER, FRED J. BAUMGARDNER Age 28 Sex Male Color White
(Name of injured employee)

is a civil employee of the United States, employed as Special Agent, Federal Bureau of Investigation
(Name of employee's occupation)

at Milwaukee Field Office, Milwaukee, Wisconsin
(Name of office or establishment where employed) (Location)

He was injured in the performance of duty on _____, 19____
She (Date)

Nature of injury Lower portion of back was strained, impairing all movement.

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

L. V. Boardman
(Signature of Official Superior)
L. V. BOARDMAN
Special Agent in Charge
(Title or official position)

FBI, 1021 Bankers Bldg., Milwaukee, Wis.
(Address)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted

here No United States medical officer or United States hospital

located in Milwaukee, Wisconsin.

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(See other side for provisions of the Compensation Act as regards treatment)

Section 9, United States Employees' Compensation Act

SEC. 9 (as amended by Act of June 26, 1926). That for any injury sustained by an employee while in the performance of duty, whether or not disability has arisen, the United States shall furnish to the employee all services, appliances, and supplies prescribed or recommended by duly qualified physicians which, in the opinion of the commission, are likely to cure or to give relief or to reduce the degree or the period of disability or to aid in lessening the amount of the monthly compensation. Such services, appliances, and supplies shall be furnished by or upon the order of United States medical officers and hospitals, but where this is not practicable they shall be furnished by or upon the order of private physicians and hospitals designated or approved by the commission. For the securing of such services, appliances, and supplies, the employee may be furnished transportation, and may be paid all expenses incident to the securing of such services, appliances, and supplies, which, in the opinion of the commission, are necessary and reasonable.

9-805

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR
COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Milwaukee
(City or town)

Wisconsin
(State)

1021 Bankers Building
(Street and number)

March 8, 1940
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on _____, 19____
(Date)

_____, _____ m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at FBI Training School Gymnasium, Washington, D. C.
(Give name of establishment where employed)

in the following manner: Agent Baumgardner was exercising on a stall bar in the FBI
Training School Gymnasium under the direction of Maurice E. Goudge.

File
2. Cause of injury Came as a direct result of the exercise as prescribed by
the instructor.

3. Nature of injury Strain or torn tissue in lower portion of back.

4. Names of witnesses to injury:

M. E. Goudge, FBI Training School Gymnasium, Washington, D. C.
Richard Chapman, Special Agent assigned to Washington Field Office,
Washington, D. C.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

It was thought at the time of injury that treatment by the ultra-violet ray
lamp would relieve the pain. M. E. Goudge was notified of the injury at the
time it occurred. M. E. Goudge later suggested that Agent Baumgardner be attended
by a physician and excused him from further gymnastic work.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) Frank J. Baumgardner
SPECIAL AGENT

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

U. S. EMPLOYEES' COMPENSATION COMMISSION
EXAMINATION RECORD

Name Fred J. Baumgardner Date Feb. 28, 1940.
(Full first name) (Of examination)
Address 826 N. Cass St., Milwaukee, Wisconsin. Age 28
Place of employment Federal Bureau of Investigation As Special agent
(Nature of occupation)
Patient's statement of injury and date While exercising on a stall bar in FBI
training school in Washington, D.C., about three months ago
developed sudden pain in left lower part of back.

EXAMINER'S REPORT

Nature of disability found due to injury Slight tenderness in left sacroiliac
joint region. Lateral bending to left causes discomfort in this
region.

Is condition complained of due to injury described by patient? Yes
(Opinion of medical officer)
Disabled from usual employment? Yes Other work? Yes
(Answer "Yes" or "No")
Estimate length of disability from usual employment Indefinite Other work _____
X-ray—Laboratory—Specialists' reports See attached report of Dr. H.C. Schumm -
an orthopedic specialist.

Diagnosis Strain of left lumbosacral region.
Prognosis Indefinite. Improvement should occur within a few weeks.
Treatment See attached report of Dr. Schumm.

Disposition—Discharged _____ Hospitalized from March 8, 1940 to _____
(Date)
Will return for further treatment _____ Other recommendations _____

REMARKS: Because of the long period of disability in this case in
spite of more or less constant medical treatment it was considered
desirable to put patient under care of an orthopedic surgeon.

Date March 19, 1940 (Of report)
(Signed) Harvey Habel M.D.
Designated physician for U. S.
(Title) Employees Comp. Com.
(Address) 524 E. Wisconsin Ave. Milwaukee, Wis.

NOTE—OFFICIAL SUPERIOR'S REQUEST FOR EXAMINATION OR TREATMENT (FORM CA-15 OR CA-17) MUST ACCOMPANY
THIS REPORT.

Form No. CA-20
Revised to August 27, 1935

U. S. GOVERNMENT PRINTING OFFICE

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYERS' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by O. A. 1.]

Place of employment	1. Department <u>U. S. Dept. Justice</u>	2. Bureau or office <u>Federal Bureau of Investigation</u>
	3. Place of employment <u>FBI Training School</u>	<u>Washington</u>
	4. Reporting office <u>Milwaukee Field Office</u>	<u>D.C.</u>
	5. Name of superintendent or foreman in charge when injury occurred <u>Maurice E. Goudge</u>	
The injured employee	6. Name of injured employee <u>Fred J. Baumgardner</u>	7. Age <u>28</u>
	8. Sex <u>Male</u>	9. Race <u>White</u>
	10. Home address <u>826 North Cass Street</u>	<u>Milwaukee</u>
	11. Occupation and division <u>Special Agent, FBI</u>	12. Was employee doing his regular work? <u>Yes</u>
The injury	13. Total length of service with the Government as a civilian? <u>12/4/39 to date</u>	
	14. How long at present work in this establishment? <u>12/4/39 to date</u>	
	15. Dates of other injuries <u>None</u>	
	16. Rate of pay on date of injury <u>\$ 3200</u> per annum	and subsistence valued at \$ _____ per _____
Medical attendance	17. Employee begins work at <u>9 A. M.</u>	18. Regular day's work ends <u>5 P. M.</u>
	19. Hours worked per day <u>Eight</u>	20. Days paid per week <u>Seven</u>
	21. Place where injury occurred <u>FBI Training School Gymnasium</u>	approx. _____
	22. Date of injury <u>Approx. 12/19, 1939</u> ; day of week <u>not known</u>	hour of day <u>10 A. M.</u>
	23. Date employee stopped work <u>March 8, 1940</u> ; day of week <u>Friday</u>	hour of day _____
	24. Date employee's pay stopped _____, 19____; day of week _____	hour of day _____
	25. Has employee returned to work? <u>No</u>	(Give date and hour)
	26. Will employee receive pay for any portion of above absence on account of:	
	(a) Annual leave _____	(Give exact dates)
	(b) Sick leave _____	(Give exact dates)
	(c) Any other reason _____	(Give exact dates)
	27. Describe in full how injury occurred <u>Agent Baumgardner was exercising on a stall bar in the FBI Training School Gymnasium under the direction of Maurice E. Goudge</u>	
	28. State part of body injured and nature and extent of injury <u>Lower portion of back was strained, impairing all movement.</u>	
	29. Did injury cause loss of any member or part of member? <u>No</u>	If so, describe exactly _____
	30. Was employee injured while in performance of duty? <u>Yes</u>	If not, or in doubt, give detailed statement _____
	31. Was injury caused by:	
	(a) Willful misconduct of the employee? <u>No</u>	(b) Intention of employee to bring about injury or death of himself or another? <u>No</u>
	(c) Employee's intention? <u>No</u>	(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
	32. Was written notice of injury given within 48 hours? <u>No</u>	If not, did immediate superior have actual knowledge of injury? <u>Yes</u>
	33. Names and addresses of witnesses to injury <u>M. E. Goudge, FBI Training School Gymnasium, Washington, D. C.</u>	<u>Richard Chapman, Special Agent assigned to Washington Field Office, Washington, D. C.</u>
	34. Was injury caused by a third party other than a Government employee or agency? <u>No</u>	If so, has employee been instructed in procedure under commission's regulations? _____
	35. Name and address of physician who first attended case _____	
	36. How soon after injury? _____	
	37. To what hospital sent? _____	Location _____
	38. Name and address of physician now attending case <u>Dr. Harold E. Nabel, 324 E. Wisconsin Ave.</u>	<u>Milwaukee, Wisconsin</u>
	Signed this <u>8th</u> day of <u>March</u> 19 <u>40</u>	<u>J. V. Boardman</u>
	at <u>Milwaukee, Wisc.</u>	<u>Special Agent in Charge</u>
	C. A. 1 Revised to June 15, 1939	(7/22)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

Signed this _____ day of _____, 19____

(Signature of witness)

Signed this _____ day of _____, 19____

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I certify that Fred J. Baumgardner was given first-aid treatment, or examined,
on February 28th 1940, at 11 A. M., and was disabled for work. Probable length of
disability will be about 4 weeks In my opinion disability was due to injury
on or about December 19, 1939
Nature of injury as found on examination Strain of left lumbosacral region

Hospitalized March 8th, 1940

Will return for further treatment

Discharged

Other disposition

Remarks

Signed this 18th day of March, 1940
at Milwaukee

Harold Hebel M.D.
(Signature of medical officer)
Designated physician for
U.S. Employees Comp. Com.
(Title)

hed

June 21, 1940

U. S. Employees' Compensation
Commission
Washington, D. C.

Re: FRED J. BAUMGARDNER -
(Your File No. 676184)

Gentlemen:

There is enclosed herewith Employees' Compensation Commission form C. A. 4, executed in connection with an injury sustained by Special Agent Fred J. Baumgardner of this Bureau on or about December 19, 1939.

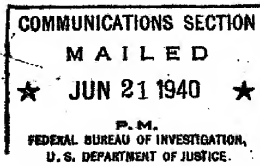
Your early consideration of this matter will be appreciated.

Very truly yours,

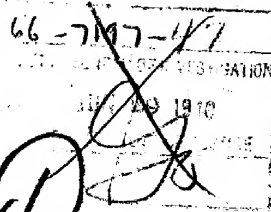
John Edgar Hoover
Director

Enclosure

Mr. Tolson _____
Mr. Nathan _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Miss Gandy _____



RECORDED



REMOVED FROM
ALPH. FILE

September 28, 1940

U. S. Employees' Compensation
Commission
Washington, D. C.

RE: FRED J. BAUMGARDNER
(Your file No. 676184)

Gentlemen:

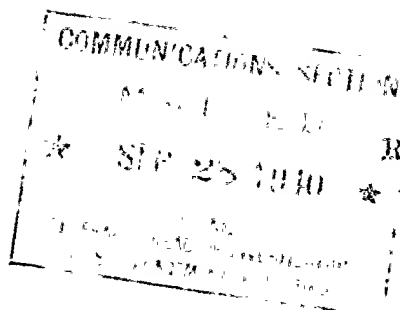
There are enclosed herewith Employees' Compensation Commission Forms C. A. 3 and C. A. 8, relative to an injury sustained by Special Agent F. J. Baumgardner on or about December 19, 1939, while in the performance of his official duties.

Very truly yours,

John Edgar Hoover
Director

Enclosure

Mr. Tolson _____
Mr. Clegg _____
Mr. E. A. Tamm _____
Mr. Foxworth _____
Mr. Nathan _____
Mr. Ladd _____
Mr. Egan _____
Mr. Glavin _____
Mr. Nichols _____
Mr. Hendon _____
Mr. Rosen _____
Mr. Tracy _____
Miss Gandy _____



66-62

REMOVED FROM
ALPH FILE

CLAIM FOR COMPENSATION ON ACCOUNT OF INJURY

[To be filed with the official superior, within 60 days after the injury causing disability for more than three days, for transmission to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION]

CLAIM MUST BE FILED WITHIN ONE YEAR AFTER INJURY

NOTICE

Section 39 of the Compensation Act of September 7, 1916, provides that whoever makes, in any claim for compensation, any statement, knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or by both such fine and imprisonment.

- Name of injured employee FRED J. BAUMGARDNER 2. Age 28 3. Sex MALE
- Mail address 826 NORTH CASS MILWAUKEE WISCONSIN
- Married, single, widowed 6. Race WHITE 7. Occupation and division SPECIAL AGENT - F.B.I.
- Do you speak English? YES 9. If not, what language? _____
- Rate of pay \$ 3200.00 per annum (and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____)
- Time of injury APPROXIMATELY DEC 19, 1939 (Day of week) _____ (Hour a. m. or p. m.) 11 A.M.
- Disability for work began MARCH 8, 1940 (Date) _____ (Day of week) FRIDAY (Hour a. m. or p. m.) 12:00 P.M.
- First able to resume usual occupation _____ (Date) _____ (Day of week) _____ (Hour a. m. or p. m.) _____
- First able to do any work _____ (Date) _____ (Day of week) _____ (Hour a. m. or p. m.) _____
- Period for which compensation is claimed. From MAY 17, 1940 to _____ (Date) _____ (Day of week) _____ (Hour a. m. or p. m.) _____
- Have you received any pay during period of disability: MAY 8, 1940 TO APR 15, 1940
On account of annual or sick leave YES Dates APR 22, 1940 TO MAY 13, 1940 Total amount, \$ 497.37
Specify any other reason _____ Dates _____ Total amount, \$ _____
- Were you furnished subsistence during period of disability? NO If so, give dates on which subsistence was furnished _____
- If medical, surgical, or hospital service was furnished by private physicians or hospitals, state amount of expense incurred, \$ _____ and submit an itemized bill for this service with an explanation of reason for not using United States medical officers or hospitals, if available.
- If transportation and other expenses necessary to enable you to secure proper medical and hospital treatment were incurred by you, state amount of expense so incurred, \$ _____ If reimbursement is claimed submit itemized receipted bill for such expenses.
(Give dates, places of travel, and amount paid; also any special expense necessary because you had to travel from your regular place of residence in order to get proper medical treatment)
- Place where injury occurred F.B.I. GYMNASIUM - DEPT. OF JUSTICE BLDG. WASHINGTON, D.C.
(Give exact location, or name or number of building, and district, etc.)
- Cause of injury INJURY INCURRED WHILE PERFORMING AN EXERCISE IN THE GYMNASIUM.
(State exactly how injury occurred)
- Nature and extent of injury causing disability SAUPE-ILLING STRAIN IN LOWER LEFT BACK.
- Have you made claim against any person for damages on account of the injury described above? NO
If you have received any money in payment of damages, state amount, \$ _____
- Have you ever been in the military or naval service? If so, give periods served and whether you are receiving compensation or a pension for such services _____
- Have you made application for retirement, or received annuity on account of retirement? NO
- Dates of other injuries, if any, on account of which you have made claims for compensation NONE

I HEREBY make claim for compensation on account of the injury described above, which was sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled on account of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed and every statement set forth above in support of my claim is true to the best of my knowledge and belief.

Signed this 31st day of May, 1940 at U.S. Marine Hospital, Chicago, Illinois
State of Illinois
County of Cook ss: Paul J. Baumgardner (Signature of claimant)

Subscribed and sworn to before me this 31st day of May, 1940
My Commission expires July 26, 1943
C.A. 4
Revised July 19, 1927
Notary Public, Cook County, Illinois
(Title) (In and for)

ATTENDING PHYSICIAN'S CERTIFICATE

[If any of the information called for below can not be supplied, the physician should enter an explanation under "Remarks"]

1. Name of employee for whom certificate is given FRED J. BAUMGARDNER File #876184
2. Date and hour of first treatment April 22, 1940 date of last treatment still in hospital.
3. Number and dates of treatments: (a) Office _____
(b) Home _____
(c) Hospital Admitted to hospital on April 22, 1940 - still in hospital.
4. Give exact statement of the nature and extent of the disability for which treatment was sought
Sprain, erector spinae with neuritis, sciatica, left, post-traumatic.
(a) X-ray findings See report of May 21, 1940
(b) Laboratory findings negative
5. Did employee give you a history of injury as the cause of the disability? Yes If so, state it briefly On Dec. 19, 1939, while exercising in Government gymnasium, felt something "slipping loose" in back.
6. Give briefly your opinion of the actual cause of the disability described above same as above.
7. What other concurrent or complicating diseases or disabilities were present? none
8. (a) Nature of past treatment Admitted to hospital; routine examinations; operation
(b) Operations performed Manipulation of back on Apr. 27, 1940
(c) Present treatment Symptomatic
(d) Treatment recommended Same
9. Was the employee confined to bed? -- If so, how long? _____
10. If not confined in bed, was he confined to his home? -- If so, how long? _____
11. Did this disability prevent his working? Yes If so, when did such disability begin? first seen here 4-22-40
[First day disabled for work]
12. Date employee was sufficiently recovered to take up—(a) Usual occupation? -- (b) Any other work? --
13. How long, in your opinion, will total disability continue for—(a) Usual work? indeterminate (b) Any other work? same
14. How long, in your opinion, will partial disability continue for—(a) Usual work? -- (b) Any other work? --
15. In your opinion, are any permanent results from his injury probable? -- If so, describe them in detail _____
16. Remarks See our report of May 21, 1940

I HEREBY certify that I am licensed to practice medicine and surgery in the state of Missouri

Signed this 31st day of May, 19 40

at Chicago, Illinois
AMW:jog

A. M. Watkins
A. M. WATKINS, A.A. Surgeon, P.H.S.
U. S. Marine Hospital
4141 Clarendon Avenue
Chicago, Illinois
[City] [State]

CERTIFICATE OF OFFICIAL SUPERIOR OF INJURED EMPLOYEE

[Report of injury (Form C. A. 2) if not heretofore forwarded to the Commission, should accompany this claim.]

If any circumstances have arisen which alter the conclusions stated in the official report of injury (Form C. A. 2), or if the official superior disagrees with any of the statements made in the claim for compensation, it is requested that a full explanatory statement be made under "Remarks."

1. If the injured employee is a pieceworker or an irregular worker, what were his full earnings during the month immediately preceding the injury? \$ _____; actual number of days employed _____
[For example, if the employee was injured on the 7th of February, his full earnings should be given for January 7 to February 6, inclusive]
2. Has employee resumed work? _____ If so, give date and hour _____
3. Has employee been paid for any portion of the absence for which compensation is claimed? _____ If so, state inclusive dates _____
4. Remarks _____

I HEREBY CERTIFY that the person who executed the foregoing claim for compensation was injured while in the performance of his duty for the United States. An official report of this injury on Form C. A. 2 has been made, and all statements made in said report are true to the best of my knowledge and belief.

Signed this tenth day of June, 19 40

at Indianapolis, Wis.

L. V. Boardman
[Signature of official superior]
Special Agent in Charge

Fred S. Baumgardner

PHYSICAL EXAM.

JAN 1

67-136594-46	
Searched <i>6</i>	Recorded <i>6</i>
Indexed <i>7</i>	Checked <i>7</i>
Numbered <i>7</i>	Filed <i>7</i>
DEC 31 1946	
FEDERAL BUREAU OF INVESTIGATION	

CHIEF CLERK
W. J. [Signature]
GUIDE *W. J. [Signature]*



MG
67-

FEDERAL BUREAU OF INVESTIGATION

Mr. Mr. Frank J. Boyer
Miss
Mrs.

January 15, 1941

Date

New appointment ☐

Transfer ☐

Promotion ☒

Separation ☐

PRESENT STATUS

1. Title: Special Agent
2. Grade: G-9
3. Salary: \$2,500 per annum
4. Seat of Government: ☐
Field: ☒
5. Division:
6. Appropriation: "S. 1. Field and Expenses, FBI"

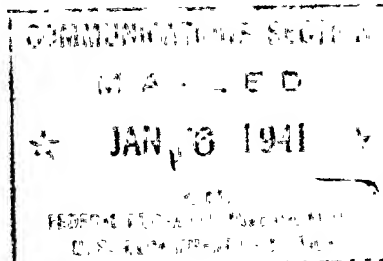
PROPOSED ACTION

7. Title: Special Agent
8. Grade: G-10
9. Salary: \$3,500 per annum
10. Seat of Government: ☐
Field: ☒
11. Division:
12. Appropriation: "S. 1. Field and Expenses, FBI"
13. Effective: January 15, 1941
14. Position: ☐ Additional:
Vice:
Identical:
15. Remarks: CG: Chief, Audit Section

Respectfully submitted,

Director, Federal Bureau of Investigation

(Title)



JAN 4 2 43 PM '41
RECEIVED-ROOM 5649
F B I
U. S. DEPT. OF JUSTICE

-51

ID

FEDERAL BUREAU OF INVESTIGATION

Mr.
Miss
Mrs.

W. Fred J. Walker

Date September 20, 1941

New appointment ☐Transfer ☐Promotion ☒Separation ☐

PRESENT STATUS

1. Title: Special Agent
2. Grade: GS 10
3. Salary: \$3500 per annum
4. Seat of Government: ☐
Field: ☐
5. Division:
6. Appropriation: "Salaries and expenses, FBI"

PROPOSED ACTION

7. Title: Special Agent
8. Grade: GS 11
9. Salary: \$3810 per annum
10. Seat of Government: ☐
Field: ☐
11. Division:
12. Appropriation: "Salaries and expenses, FBI"
13. Effective: October 1, 1941
14. Position: Additional: ☐
Vice: Harry C. Walker-transferred,
Identical: 8-15-41
15. Remarks:

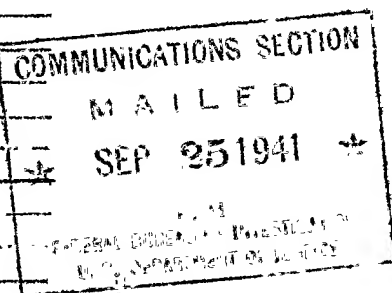
Respectfully submitted,

cc: Chief, Audit Section

Director, Federal Bureau of Investigation

(Title)

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Foxworth _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Carson _____
Mr. Drayton _____
Mr. Quinn Tamm _____
Mr. Hendon _____
Mr. Tracy _____
Miss Gandy _____



-58

NAME *Baumgardner, F. J.*

N.M.S. Form 16.

STATUS *Y. B. D.*

LABORATORY EXAMINATION

DATE *11/16/40*

2259

U.S. NAVAL MEDICAL SCHOOL
Naval Medical Center
Washington, D.C.

REPORT

KAHN

WASSERMANN

Qualitative

Quantitative
Units

Cholesterolized
Antigen

NEGATIVE

NEGATIVE

Request of *A. Duncan*

Address: *Y. B. D. Room*

Request for Blood KAHN and Blood

WASSERMANN TESTS.

"BLOOD TYPE" *O*

F. E. Farrar
F. E. FARRAR.

SPECIAL EXAMINATION

File No. 3075

DATE 11-16-40

U. S. NAVAL HOSPITAL, Washington, D.C.

Name BAUMGARDNER, F.J. age 29

Rate G-3

Ward Med. School

Diagnosis

Referred to

OPD.

Exact examination desired


X-ray department.

X-ray of pelvis and S.I. Joints. Dr. Duncan

(M. C.) U. S. N.

REPORT

Films of the lumbar spine and pelvic girdle reveal no traumatic or arthritic changes. The sacro-iliac and hip joints appear normal. The lumbar curve is not unusual. The first lumbar segment shows rudimentary ribs.


C. L. JENKINS,
COLONEL (MC) USA.

(M. C.) U. S. N.

LABORATORY EXAMINATION

NAME BAUMGARDNER, F.J.

N.M.S. Form 6

RATE F.B.I.

U. S. NAVAL MEDICAL SCHOOL

Naval Medical Center

DATE 11-16-40

Washington, D. C

Request of Dr. Duncan

Address: F.B.I. Room

Diagnosis

Character of examination desired

URINALYSIS

Amount 24 hours.....Submitted.....

Appearance.....Amber clear.....

Reaction.....Acid.....Sp.Gr. 1.020.....

Albumin.....Negative.....

Sugar.....Negative.....

Occult Blood.....

Special.....

Casts.....

Cylindroids.....

Mucus.....Few threads.....

Leucocytes.....Occasional.....

Erythrocytes.....

Epithelium.....

Crystals.....


B. R. NEWHOUSER (MC), U.S.N.

Lt. Comdr. (MC), U.S.N.

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS OF THE
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

Place _____

19____

HISTORY

Name Baumgardner, F. J. Age 29 years, 3 months
Nativity (state) American Married, Single, Widowed: _____ Number of Children _____

Diseases, operations, or injuries previous to age of 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Usual childhood diseases

Diseases, operations, or injuries subsequent to age 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Father (Living? YES State of Health Good

(Dead? _____ Cause & age at death? _____

Mother (Living? YES State of Health Good

(Dead? _____ Cause & age at death? _____

Brothers (Number living ONE State of Health Good

(Number dead _____ Cause & age at death? _____

Sisters (Number living THREE State of Health Good

(Number dead _____ Cause & age at death? _____

Has any member of family suffered from neurasthenia or insanity or been confined in any institution for the insane? Give relationship and full history of case.

NO.

Has any blood relative been an inmate of a penal institution or poorhouse? Give relationship and state reasons.

NO.

Habits: Tobacco? no Alcohols? no Drugs? no

PHYSICAL EXAMINATION

Eyes: Color? Blue Exophthalmos? no

Chronic inflammation? no Other abnormality? no

Eyelids: Ptosis? no Condition of conjunctiva on eversion? OK

Other eye conditions? no

Vision: (Note: Each eye must be tested separately.)

Does candidate wear glasses? no For what purpose? no

Distant: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? — Left eye? —

Near: Uncorrected vision of right eye? 20 Left eye? 20

Corrected vision of right eye? — Left eye? —

Remarks: normal

Color sense: normal

(Standard color plate test required)

Ears: Abnormalities? no Evidence of mastoid or other disease? no

Condition of drums? Right OK Left OK

Hearing: (Note: When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard:

Right ear — feet. Left ear — feet.

Distance whispered speech (Using residual air) can be heard:

Right ear 15/15 feet. Left ear 15/15 feet.

(Note: Use tuning fork tests, Rinne, Weber & Schwabach, if indicated.)

Right ear — Left ear —

Nose: Deflection of septum no Polypi? no

Chronic nasal disease? no Is candidate a mouth breather? no

Palate: Cleft or perforated? no Other conditions? no

Fauces: Condition of tonsils? OK Pharynx? OK

W. M. Schumacher
Signature of Examining Specialist.

Height? 5 feet, 8 1/4 inches. Weight, stripped? 160 Pounds.

General appearance:	(Robust? <u>✓</u>)	Complexion:	(White? <u>✓</u>)
	(Puny? _____)		(Colored? _____)
	(Plethoric? _____)		(Blonde? <u>✓</u>)
	(Anaemic? _____)		(Brunette? _____)
	(Corpulent? _____)		(Florid? _____)
	(Emaciated? _____)		(Sallow? _____)

Skin: Diseases? _____

Hair: Color: Light Brown Thickness h

Glands: Enlargement: h Other abnormalities h

Head, Depressions? h Asymmetries? h

Facial disfigurement? h Facial asymmetry? h

Abnormalities of speech? h

Neck: Goitre? h Other conditions? h

Chest: Inspiration 37 inches. Expiration 34 inches. Respiratory rate? 16

Inspection: _____

Lungs: Palpation: _____

Percussion: _____

Auscultation: _____

X-ray examination: _____

Heart: Palpation: _____

Percussion: _____

Auscultation: _____

Exercise Test: Step upon chair 25 times in 30 seconds. Pulse rate should return to normal after two minutes.

Pulse rate: Sitting 78 After exercise Not Done

Condition of heart after exercise: h

Blood pressure, Systolic? 122 Distolic? 80 Pulse pressure 42

Abdomen:

Circumference at umbilicus? 32" Tenderness? h
Other abnormalities? h
Liver, percussion? h Palpation? h
Spleen, percussion? h Palpation? h
Inguinal rings? h Hernia? h

Scrotum:

Varicocele? h Hydrocele? h Sarcocoele? h

Testicles:

Induration? h Atrophy? h
Other conditions? h

Penis:

Epispadias? h Hypospadias? h
Condition of prepuce? h Venereal diseases? h

Anus:

Hemorrhoids? h Fistulae? h
Prolapse of bowel? h Other conditions? h

Spine:

Tenderness? h Curvature? h

Reflexes:

Pupillary: h Cremasteric: h
Patellar: h Babinski: h Ankleclonus: h

Upper Extremity:

Missing fingers? h Contractures of hand? h
Condition of joints? h Other conditions? h

Lower Extremity:

Flat foot? h Bowed legs? h
Knock-knees? h Varicose Veins? h

Hammer toes? ✓ Bunions? ✓

Other abnormalities? Left Sacro-ileac Strain *

Agility:

Co-ordination of muscular movements? ✓ Romberg? ✓

Defects of gait? ✓

Mental Condition? ✓

(Note: If indicated refer to specialist)

Temperature? _____

Has this person been successfully vaccinated within 5 years? No

Has this person had prophylactic typhoid inoculation? Yes Date last taken 1937

Urine: Color? _____ Sp. Gr.? _____ Albumin? _____ Sugar? _____

Reaction? _____ Shreds? _____ Blood cells? _____

Euc. cells? _____ Casts? _____ Epitheleal cells? _____

Blood: Red corpuscles per C.mm _____ White corpuscles per C.mm _____

Differential count _____

Blood serologic tests (syphilis): _____ Haemoglobin per cent: _____

Has candidate any of the following defects, viz: Cachexia, or apparent predisposition to any constitutional diseases, permanent defects of either of the extremities or articulations, including defects of gait, flat foot, badly bowed legs, knock-knees, unnatural curvature of the spine, impaired vision, color-blindness, chronic diseases of the visual organs, epilepsy, insanity, chronic diseases of the ears, deafness, chronic nasal disease, polypi, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac pulmonary or renal affections, insufficient chest expansion, hernia, sarcocoele, hydrocele, varicocele (unless slight), fistula in ano, hemorrhoids, varicose veins on lower limbs (unless slight) stature less than 5 feet 4 inches, or more than 6 feet 2 inches, or any marked abnormality of speech or facial disfigurement?

Report of any special examination:

X-ray of lumbar spine, pelvis & girdle,
hip joints & sacro ileac joints negative

DENTAL EXAMINATION OF _____

GENERAL ORAL CONDITION

MUCOUS MEMBRANE

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Inflamed
<input type="checkbox"/>	Swollen
<input type="checkbox"/>	Ulcerated
<input type="checkbox"/>	Septic

SALIVA

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Excessive
<input type="checkbox"/>	Acidity
<input type="checkbox"/>	Thick or ropy
<input type="checkbox"/>	Odor

OCCUSION

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Class I
<input type="checkbox"/>	Class II
<input type="checkbox"/>	Class III

TONGUE

<input checked="" type="checkbox"/>	Coating
<input type="checkbox"/>	Cryptic
<input type="checkbox"/>	Ulcerated
<input type="checkbox"/>	Enlarged

Glands Normal

Sinus _____

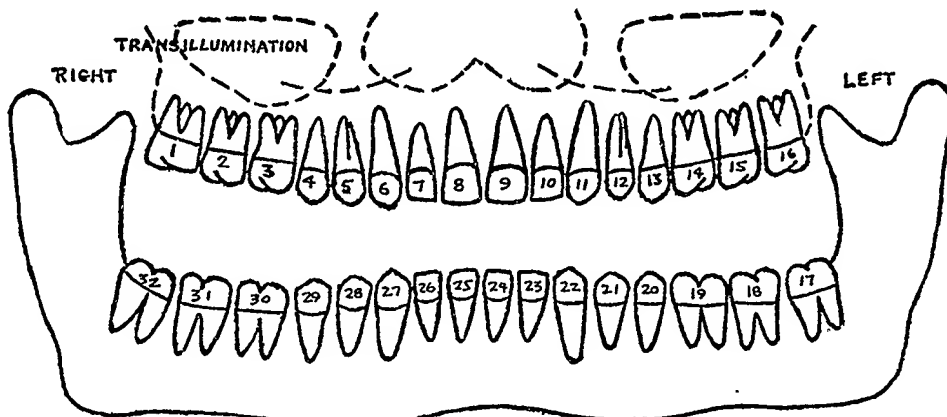
Throat _____

ARCH

<input type="checkbox"/>	Square
<input checked="" type="checkbox"/>	Tapering
<input type="checkbox"/>	Ovoid

DENTAL DIAGNOSIS

- A. Labial
- B. Lingual
- C. Incisal
- D. Occlusal
- E. Buccal
- G. Mesial
- H. Distal
- K. Mesio-labial
- L. Disto-labial
- M. Mesio-lingual
- N. Disto-lingual
- O. Mesio-incisal
- P. Disto-incisal
- R. Mesio-occlusal
- S. Disto-occlusal
- T. Bucco-occlusal
- U. Lingual-occlusal
- V. Mesio-disto-occlusal
- W. Bucco-lingual-occlusal



☒ Roots
 ☐ Abscess
 ☐ Impacted
 ☒ Crown
 ☐ Devitalized
 ☐ Dummy bridge
 ☐ On denture
 ☐ Missing
 ☒ Extraction Indicated

X-ray No. _____ X-ray reading _____

Gingival disease (indicate nature and extent) _____

Conditions of appliances replacing teeth _____

Remarks: _____

In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.

Date 11/14/40 (Signature) PWTaylor
Dental Surgeon

Summary of Findings

(Summarize here all defects found.)

1. _____
2. _____
3. _____
4. Left sacro-iliac strain
5. _____

Recommendations:

Smallpox prophylaxis

1. Is this man capable of strenuous _____ moderate ☒ light _____
or very light _____ physical exertion. (Indicate which).
2. Has this man any defect which would interfere with his participation
in raids or other work connected with the detection and apprehension
of criminals which might entail the practical use of firearms?
(Indicate YES or NO) No

Remarks:

Classified for moderate physical
exertion because of sacro-iliac strain.

E. J. [Signature]
P. J. [Signature]
J. [Signature]

Administrative action by Federal Bureau of Investigation.

DIRECTOR

U. S. NAVAL MEDICAL SCHOOL
NAVAL MEDICAL CENTER
WASHINGTON, D.C.

Mr. Porter,

Federal Bureau of Investigation,
Washington D. C.

Re: Baumgardner, F.J.

Dear Sir,

Dear Sir:

X-Rays on Mr. Baumgardner show no evidence of injury to bones or joints. His symptoms were probably due to soft tissue injury. The diagnosis of sacro-iliac strain was made on the history of the case, rather than actual physical findings. Therefore if this man is now free of all symptoms, I consider him fit for strenuous duty.

Yours Very truly
B.G. Keen, Jr (mc) U.S.N.

SPECIAL EXAMINATION

File No. 995

DATE 3-8-41 U. S. NAVAL HOSPITAL

Name BAUMGARDNER F J

Age 29

Rate C-3

Ward OPD

Diagnosis

Referred to

Exact examination desired

X-Ray Department

X-Ray examination of sacro-iliac joints.

Feen (M. C.) U. S. N.

REPORT

Views of the lumbar spine and pelvic girdle reveals no traumatic or arthritic changes. The sacro-iliac and hip joints appear about normal. The lumbar curve does not appear unusual. The first sacral segment shows rudimentary laminae. The first lumbar segment shows rudimentary ribs. There is no change since view of 11-16-40.


C.F. BEHRENS,
COMDR. (MC) USN.

(M. C.) U. S. N.

LAH:JEW

November 2, 1942

Mr. F. J. Baumgardner
Federal Bureau of Investigation
U. S. Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

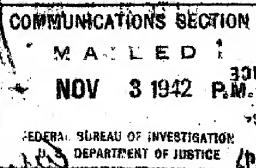
I want to take this occasion to express to you my appreciation for the work which you did as an escort in connection with the graduation activities of the Twentieth Session of the FBI National Police Academy.

I am deeply interested in the proper performance of functions such as those assigned to you on this occasion, and I am grateful for your efforts.

Sincerely yours,

cc - Mr. Clegg

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Mr. Carson _____
Mr. Coffey _____
Mr. Hendon _____
Mr. Kramer _____
Mr. McGuire _____
Mr. Quinn Tamm _____
Mr. Nease _____
Miss Gandy _____



RECEIVED NOV 2 1942
U. S. DEPT. OF JUSTICE

9 NOV 7 1942
136594-81
H7

FEDERAL BUREAU OF INVESTIGATION

Mr.
Miss
Mrs.

R. Fred J. Pankardner

Date August 25, 1942

New appointment ☐Transfer ☐Promotion ☒Separation ☐

PRESENT STATUS

1. Title: Special Agent

2. Grade: GS-11

3. Salary: \$3000 per annum

4. Seat of Government: ☐
Field: ☒

5. Division:

6. Appropriation: "Salaries and Expenses, FBI"

PROPOSED ACTION

7. Title: Special Agent

8. Grade: GS-12

9. Salary: \$4500 per annum

10. Seat of Government: ☐
Field: ☒

11. Division:

12. Appropriation: "Salaries and Expenses, FBI"

13. Effective: September 1, 1942

14. Position: Additional: ☒
Vice:
Identical:

15. Remarks:

CC: Chief, Audit Section
Mr. Reader

Respectfully submitted,

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Mr. Carson _____
Mr. Coffey _____
Mr. Hendon _____
Mr. Kramer _____
Mr. McGuire _____
Mr. Quinn Tamm _____
Mr. Nease _____
Miss Gandy _____

Director, Federal Bureau of Investigation

gck

HC

CC-270

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME Fred J. Baumgardner AGE 31 YEARS, 6 MONTHS
NATIVITY (state of birth) Kentucky MARRIED, SINGLE, WIDOWED: Married NUMBER OF CHILDREN 0
FAMILY HISTORY None

HISTORY OF ILLNESS OR INJURY UCD Appendectomy 1930

HEAD AND FACE N
EYES: PUPILS (size, shape, reaction to light and distance, etc.) N

DISTANT VISION RT. 20/ 20, corrected to 20/

LT. 20/ 20, corrected to 20/

COLOR PERCEPTION Normal 20th

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15/15'

LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15/15'

DISEASE OR DEFECTS N

NOSE N

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES N

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS Large tonsils

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH None

NONVITAL TEETH None

PERIAPICAL DISEASE None

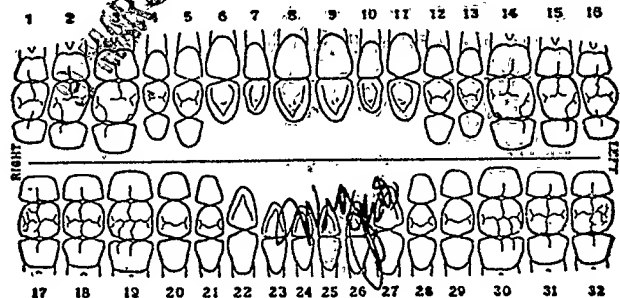
MARKED MALOCCLUSION No

PYORRHEA ALVEOLARIS No

TEETH REPLACED BY BRIDGES No

DENTURES No

REMARKS



/S/ Lt. P. Hoogerhyde (DC) USNR
(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE Medium

TEMPERATURE 98.2 CHEST AT EXPIRATION 34 1/2

HEIGHT 67 1/2 CHEST AT INSPIRATION 37 1/2

WEIGHT 160 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 36

RECENT GAIN OR LOSS, AMOUNT AND CAUSE None

SKIN, HAIR, AND GLANDS N

NECK (abnormalities, thyroid gland, trachea, larynx) N

SPINE AND EXTREMITIES (bones, joints, muscles, feet) N

THORAX (size, shape, movement, rib cage, mediastinum) Normal
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. Normal

CARDIO-VASCULAR SYSTEM Normal
HEART (note all signs of cardiac involvement) _____

PULSE: BEFORE EXERCISE 80 BLOOD PRESSURE: SYSTOLIC 110
AFTER EXERCISE 100 DIASTOLIC 68
THREE MINUTES AFTER 80
CONDITION OF ARTERIES Good CHARACTER OF PULSE Reg
CONDITION OF VEINS _____ HEMORRHOIDS N

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) _____
Appendix scar

GENITO-URINARY SYSTEM N
URINALYSIS: SP. GR. 1.014 ALB. Neg SUGAR Neg MICROSCOPICAL Neg
VENEREAL DISEASE _____

NERVOUS SYSTEM N
(organic or functional disorders)
ROMBERG N INCOORDINATION (gait, speech) N
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS None
SEROLOGICAL TESTS Kahn Negative BLOOD TYPE "O"
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) _____

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1917
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1
DATE OF LAST COURSE 1936
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____

SUMMARY OF DEFECTS _____

CAPABLE OF PERFORMING DUTIES INVOLVING Any PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____

Physically qualified

H. G. Little

DATE OF EXAMINATION 2-15-43

MLM:PH:DG

April 10, 1943

Mr. J. E. Duggan
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Duggan:

I want to express our appreciation by
sincerely thanking you for the work which you did in support
in connection with the presentation activities of the
twenty-first session of the FBI National Police Academy.

I want you to know that I am indeed grateful
for your efforts.

Sincerely yours,

-87

Mr. Tolson cc Mr. Clegg
Mr. E. A. Tamm
Mr. Clegg
Mr. Coffey
Mr. Glavin
Mr. Ladd
Mr. Nichols
Mr. Rosen
Mr. Tracy
Mr. Carson
Mr. Hendon
Mr. McGuire
Mr. Mumford
Mr. Harbo
Mr. Quinn Tamm
Mr. Nease
Miss Gandy

February 25, 1943

PERSONAL AND CONFIDENTIAL

W. Alfred J. Baumgardner
 Chief of Bureau of Investigation
 Washington, D. C.

Dear Mr. Baumgardner:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Marine Hospital, Quantico, Virginia, on February 15, 1943.

This report reflects the following physical defects:

Enlarged tonsils.

The Board of Examining Physicians makes the following recommendations:

Inoculation for typhoid
 Inoculation for typhoid
 Vaccination for diphtheria

It reports that you are capable of performing

Mr. Tolson _____ strenuous physical exertion, and have no physical defects
 Mr. E. A. Tamm _____ that would interfere with your participation in raids or
 Mr. Clegg _____ other work involving the practical use of firearms.

Mr. Glavin _____

Mr. Ladd _____

For your information, it was determined during this examination that your blood is International Type A.

Mr. Rosen _____

Mr. Tracy _____

Mr. Carson _____

Mr. Coffey _____

Mr. Hendon _____

Mr. Kramer _____

Mr. McGuire _____

Mr. Quinn Tamm _____

Mr. Nease _____

Miss Gandy _____

Sincerely yours,

John Edgar Hoover
 Director

October 25, 1943

Mr. J. Edgar Hoover
Federal Bureau of Investigation
U. S. Department of Justice
Washington, D. C.

Dear Mr. Hoover:

I want to personally thank you for the services which you rendered in connection with the activities consisting in the production exercises of the Twenty-third Session of the FBI National Police Academy.

Your kind assistance in making these exercises a success is deeply appreciated by me.

With best wishes and kindest regards,

Sincerely yours,

[Handwritten signature]

- 98

cc - Mr. Tolson
cc - Mr. Clegg
cc - Mr. Glavin
cc - Mr. Ladd
cc - Mr. Nichols
cc - Mr. Rosen
cc - Mr. Tracy
cc - Mr. Carson
cc - Mr. Egan
cc - Mr. Gurnea
cc - Mr. Hendon
cc - Mr. Pennington
cc - Mr. Quinn
cc - Mr. Nease
cc - Mr. Gandy

- Tolson
- E. A. Tamm
- Clegg
- Glavin
- Ladd
- Nichols
- Rosen
- Tracy
- Carson
- Egan
- Gurnea
- Hendon
- Pennington
- Quinn
- Nease
- Gandy

cc - Washington
FILED IN
OCT 26 1943 PM
[Handwritten signature]

[Handwritten signature]

Handwritten notes:
1. ...
2. ...
3. ...
4. ...
5. ...
6. ...
7. ...
8. ...
9. ...
10. ...

FRED J. BAUMGARDNER

ALPHABETICAL

Handwritten: 9/11

Handwritten: 71

Handwritten: 1/10/00

NHM:1237

April 13, 1941

Mr. E. E. Baumgardner
Federal Bureau of Investigation
U. S. Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I want to express my sincere appreciation for the services which you rendered in connection with the graduation exercises of the Twenty-fourth Session of the FBI National Police Academy.

I am grateful for your kind assistance in making these exercises a success.

Sincerely yours,

-105

RECORDED

APR 14 1941

Mr. Tolson	
Mr. E. A. Tamm	
Mr. Clegg	
Mr. Coffey	
Mr. Glavin	
Mr. Ladd	
Mr. Nichols	
Mr. Rosen	
Mr. Tracy	
Mr. Carson	
Mr. Egan	
Mr. Gurnea	
Mr. Hendon	
Mr. Jones	
Mr. Mumford	
Mr. Quinn	
Mr. Nease	
Miss Gandy	

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, 285 Madison Avenue, New York, N. Y., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department <u>DEPT. OF JUSTICE</u> <small>(War, Navy, etc.)</small>	2. Bureau or office <u>Fed. Bureau of Investigation</u> <small>(Engineer, Navigation, etc.)</small>
	3. Place of employment <u>DEPT. OF JUSTICE Bldg., Washington</u> <small>(Arsenal, navy yard, etc.)</small>	4. Reporting office <u>DEPT. OF JUSTICE Bldg., 9th St. Penna. Ave., Washington, D.C.</u> <small>(City) (State)</small>
	5. Name of superintendent or foreman in charge when injury occurred _____	
	6. Name of injured employee <u>Fred J. Baumgardner</u> <small>(Give first name in full)</small>	7. Age <u>32</u> 8. Sex <u>Male</u> 9. Race <u>White</u>
	10. Home address <u>4205 Russell Ave., Mt. Rainier, Md.</u> <small>(Street and number) (City or town) (State)</small>	11. Occupation and division <u>SPECIAL AGENT</u> <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>
	12. Was employee doing his regular work? <u>Yes</u> If not, what work? _____	
The injured employee	13. Total length of service with the Government as a civilian? <u>4 years 2 months</u>	
	14. How long at present work in this establishment? <u>6 months</u>	
	15. Dates of other injuries <u>Approximately January 1, 1940</u>	
	16. Rate of pay on date of injury, \$ <u>46.00</u> per <u>ANNUUM</u> { and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____	
	17. Employee begins work at <u>9:AM</u> m. <small>(Hour, a. m. or p. m.)</small>	18. Regular day's work ends <u>5:30</u> P.m. <small>(Hour, a. m. or p. m.)</small>
	19. Hours worked per day <u>8</u> 20. Days paid per week _____	
	21. Place where injury occurred <u>DEPT. OF JUSTICE GYMNASIUM</u> <small>(Give exact location, as name or number of building and division, etc.)</small>	
	22. Date of injury <u>JANUARY 8</u> , 19 <u>44</u> ; day of week <u>SATURDAY</u> ; hour of day <u>3:30 P. m.</u> <small>(a. m. or p. m.)</small>	
	23. Date employee stopped work _____, 19____; day of week _____; hour of day _____ <small>(a. m. or p. m.)</small>	
	24. Date employee's pay stopped _____, 19____; day of week _____; hour of day _____ <small>(a. m. or p. m.)</small>	
	25. Has employee returned to work? <u>Was never away from work</u> <small>(Give date and hour)</small>	
	26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave <u>NONE</u> <small>(Give exact dates)</small> (b) Sick leave <u>NONE</u> <small>(Give exact dates)</small> (c) Any other reason <u>NONE</u> <small>(Give exact dates)</small>	
	27. Describe in full how injury occurred <u>doing bending + stretching exercise in GYMNASIUM</u>	
	28. State part of body injured and nature and extent of injury <u>Left Sacroiliac SPRAIN - Recurrence of old injury</u>	
The injury	29. Did injury cause loss of any member or part of member? <u>NO</u> If so, describe exactly _____	
	30. Was employee injured while in performance of duty? <u>YES</u> If not, or in doubt, give detailed statement _____	
	31. Was injury caused by: (a) Willful misconduct of the employee? <u>NO</u> (b) Intention of employee to bring about injury or death of himself or another? <u>NO</u> (c) Employee's intoxication? <u>NO</u> <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small>	
	32. Was written notice of injury given within 48 hours? <u>YES</u> If not, did immediate superior have actual knowledge of injury? <u>YES</u> <small>(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>	
	33. Names and addresses of witnesses to injury <u>Ronald A. MacMillan - 3714 T. St. Washington, D.C.</u> <u>Edwin H. Dugg - 3615 Minn. Ave. S.E. Washington, D.C.</u>	
	34. Was injury caused by a third party other than a Government employee or agency? <u>NO</u> If so, has employee been instructed in procedure under Commission's regulations? <small>(A detailed statement should be forwarded with this report)</small>	

Medical attendance	35. Name and address of physician who first attended case _____
	36. How soon after injury? <u>10 July, occurred 3:30 PM - 1-8-44 - Treated by Doctor</u>
	37. To what hospital sent? <u>NONE</u> Location _____
	38. Name and address of physician now attending case _____
Signed this	<u>10th</u> day of <u>Feb</u> , 19 <u>44</u>
at	<u>Washington D.C.</u>
	<u>W. W. Tamm</u> <small>(Signature of reporting officer)</small> <u>Section Chief</u> <small>(Title)</small>

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

I was attending gymnasium with Fred J Baumgardner on January 8, 1944. We were engaged in regular exercise involving bending and stretching when I noticed Mr. Baumgardner stopped. I asked him why he stopped. He replied he was afraid he had hurt his back in doing the exercise.

Signed this 8th day of February, 1944

Ronald A. Mac Millan
(Signature of witness)

I was a member of the same gymnasium class with Mr. Fred J. Baumgardner on Jan 8, 1944 and at the time of the injury. The Pentec Class was engaged in a bending and stretching exercise. Before the exercise was completed Mr. Baumgardner stopped and immediately commented to me that he had just hurt his back in doing the exercise.

Signed this 8th day of Feb., 1944

Edwin H. Day
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ (Name of employee) was given first-aid treatment, or examined, on _____, 19____, at _____ m., and _____ (Was or was not) disabled for work. Probable length of disability will be _____ In my opinion disability _____ (Was or was not) due to injury on _____, 19____.

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks _____

Statement of Government medical officer submitted to Commission on Form C. 20 or reverse Special C.A. 16 or C.A. 17
.....on 11.17.44 mek

Signed this _____ day of _____, 19____

at _____

(Signature of medical officer)

(Title)

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR
COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Washington, DC
(City or town) (State)

DEPT. OF JUSTICE Bldg. 9th + Penna. Ave.
(Street and number)

1-31-, 1944
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on JAN. 8, 1944
(Date)

Saturday, 3:30 p.m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at DEPT. OF JUSTICE Bldg. - Washington, D.C.
(Give name of establishment where employed)

in the following manner: I was doing bending & stretching
exercise in GYMNASIUM.

2. Cause of injury Sudden Twist

3. Nature of injury Sacroiliac Strain

4. Names of witnesses to injury:

Ronald R. MacMillan - 3714 T St. N.W. Washington, D.C.
Edwin H. Duff - II - 3615 Minn. Ave. S.E. - Washington, D.C.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date: Notice first given to
PHYSICAL EDUCATION INSTRUCTOR HOWARD MEYER

I was attended by a public Health physician & improved
so rapidly I did not think it necessary to give this notice.
I did not take sick leave & Miss Jessie R. Skilling - R.M. Room 4545
DEPT. OF JUSTICE Bldg. advised it was not necessary to fill out forms - CA-1 + CA-2

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) Fred J. Baumgardner

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

January 20, 1945

~~PERSONAL AND CONFIDENTIAL~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington 25, D. C.

Dear Mr. Baumgardner:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on December 28, 1944.

This report reflects the following physical defects:
Mental dimple - no cyst or draining

The Board of Examining Physicians makes the following recommendations:

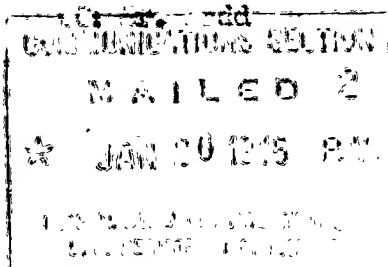
Vaccination for smallpox
Inoculation for typhoid
Inoculation for tetanus

It reports that you are capable of performing strenuous physical exertion, and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

J. E. Hoover

John Edgar Hoover
Director



RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME Fred J. Baumgardner AGE 32 YEARS, 4 MONTHS
NATIVITY (state of birth) Ky. MARRIED, SINGLE, WIDOWED: married NUMBER OF CHILDREN 0
FAMILY HISTORY none

HISTORY OF ILLNESS OR INJURY appendectomy 1931 Typhoid fever 1918

HEAD AND FACE rt. eye slightly recessed
EYES: PUPILS (size, shape, reaction to light and distance, etc.) recent injury

DISTANT VISION RT. 20/20, corrected to 20/
LT. 20/20, corrected to 20/

COLOR PERCEPTION normal
(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15'
LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15'

DISEASE OR DEFECTS 0

NOSE 0
(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES 0

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS 0

TEETH AND GUMS (disease or anatomical defect): 0

MISSING TEETH n

NONVITAL TEETH n

PERIAPICAL DISEASE n

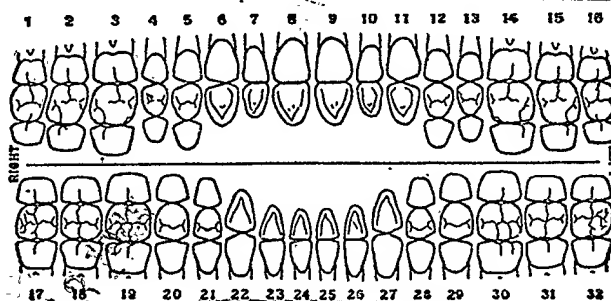
MARKED MALOCCLUSION n

PYORRHEA ALVEOLARIS n

TEETH REPLACED BY BRIDGES n

DENTURES n

REMARKS



(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE normal

TEMPERATURE 67 3/4 CHEST AT EXPIRATION 36 1/2

HEIGHT 172 CHEST AT INSPIRATION 38 1/2

WEIGHT 172 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 33

RECENT GAIN OR LOSS, AMOUNT AND CAUSE 0

SKIN, HAIR, AND GLANDS 0

NECK (abnormalities, thyroid gland, trachea, larynx) 0

SPINE AND EXTREMITIES (bones, joints, muscles, feet) 0

THORAX (size, shape, movement, rib cage, mediastinum) n
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. n

CARDIO-VASCULAR SYSTEM n
HEART (note all signs of cardiac involvement) n

PULSE: BEFORE EXERCISE _____ BLOOD PRESSURE: SYSTOLIC 110
AFTER EXERCISE _____ DIASTOLIC 68
THREE MINUTES AFTER _____
CONDITION OF ARTERIES n CHARACTER OF PULSE _____
CONDITION OF VEINS n HEMORRHOIDS _____

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) _____
RIC scar

GENITO-URINARY SYSTEM 0
URINALYSIS: SP. GR. 1.011 ALB. n SUGAR n MICROSCOPICAL n
VENEREAL DISEASE 0

NERVOUS SYSTEM 0
(organic or functional disorders)
ROMBERG 0 INCOORDINATION (gait, speech) 0
REFLEXES, SUPERFICIAL n DEEP (knee, ankle, elbow) n TREMORS 0
SEROLOGICAL TESTS n BLOOD TYPE 0
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) 0

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1921
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1
DATE OF LAST COURSE 1937

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____
pilonidal dome, no cyst no drainage
recent minor injury to rt. eye 12/27/44

SUMMARY OF DEFECTS _____

CAPABLE OF PERFORMING DUTIES INVOLVING strenuous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____

clcker

DATE OF EXAMINATION 12/28/44

July 31, 1946

~~PERSONAL AND CONFIDENTIAL~~

Mr. Fred Jackson Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on July 1, 1946.

This report reflects that you have no physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

J. E. Hoover

John Edgar Hoover
Director

CC: Mr. Ladd

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Coffey _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Mr. Carson _____
Mr. Egan _____
Mr. Gurnea _____
Mr. Harbo _____
Mr. Pennington _____
Mr. Quinn Tamm _____
Mr. Nease _____
Miss Gandy _____

NPC:lih

[Handwritten signature]

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME Fred Jackson Baumgardner AGE 34 YEARS, 11 MONTHS
NATIVITY (state of birth) Ky. MARRIED, SINGLE, WIDOWED: n NUMBER OF CHILDREN 2
FAMILY HISTORY n

HISTORY OF ILLNESS OR INJURY Appendectomy June 1931; typhoid fever - 1918
tonsillectomy 1943

HEAD AND FACE

EYES: PUPILS (size, shape, reaction to light and distance, etc.)

DISTANT VISION RT. 20/20, corrected to 20/

LT. 20/20, corrected to 20/

COLOR PERCEPTION n

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS n

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS 2 scar lt. tympanis drums

NOSE

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS

TEETH AND GUMS (disease or anatomical defect): n

MISSING TEETH n

NONVITAL TEETH n

PERIAPICAL DISEASE n

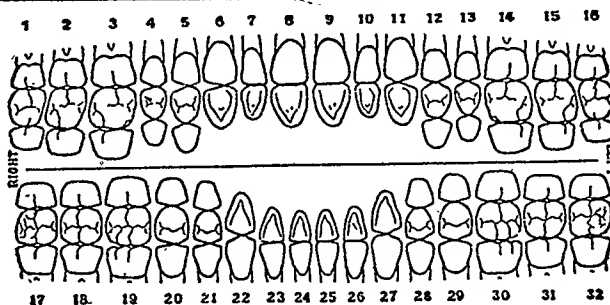
MARKED MALOCCLUSION n

PYORRHEA ALVEOLARIS n

TEETH REPLACED BY BRIDGES n

DENTURES n

REMARKS



C. M. Fraleigh

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE robust

TEMPERATURE 98.6 CHEST AT EXPIRATION 36"

HEIGHT 68 1/2" CHEST AT INSPIRATION 37 1/2"

WEIGHT 169 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 33"

RECENT GAIN OR LOSS, AMOUNT AND CAUSE

SKIN, HAIR, AND GLANDS

NECK (abnormalities, thyroid gland, trachea, larynx)

SPINE AND EXTREMITIES (bones, joints, muscles, feet)

FEDERAL BUREAU OF INVESTIGATION

AUG 1 1946

THORAX (size, shape, movement, rib cage, mediastinum) _____
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. _____

CARDIO-VASCULAR SYSTEM _____

HEART (note all signs of cardiac involvement) _____

PULSE: BEFORE EXERCISE 84 BLOOD PRESSURE: SYSTOLIC 118
AFTER EXERCISE 100 DIASTOLIC 76
THREE MINUTES AFTER 88
CONDITION OF ARTERIES _____ CHARACTER OF PULSE reg.
CONDITION OF VEINS _____ HEMORRHOIDS anal tag N.L.

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) rt. rectus
scar well healed

GENITO-URINARY SYSTEM _____

URINALYSIS: SP. GR. _____ ALB. _____ SUGAR _____ MICROSCOPICAL _____
VENEREAL DISEASE _____

NERVOUS SYSTEM _____

(organic or functional disorders)

ROMBERG _____ INCOORDINATION (gait, speech) _____
REFLEXES, SUPERFICIAL _____ DEEP (knee, ankle, elbow) _____ TREMORS _____
SEROLOGICAL TESTS _____ BLOOD TYPE _____
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) tetanus no

typhus no

SMALLPOX VACCINATION: DATE OF LAST VACCINATION child hood

TYPHOID PROPHYLAXIS: NUMBER OF COURSES no

DATE OF LAST COURSE _____

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____

SUMMARY OF DEFECTS scarred tympanic membrane NL.
anal tag. N.L.

CAPABLE OF PERFORMING DUTIES INVOLVING full PHYSICAL EXERTION

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____

E. A. John
Lt. MG, USN

DATE OF EXAMINATION 7-1-46

ANNUAL REPORT OF EFFICIENCY RATING

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (X) SPECIAL ()
PROBATIONAL or TRIAL PERIOD ()

As of March 31, 1946 based on performance during period from Apr. 1, 1945 to March 31, 1946

Fred J. Baumgardner
(Name of employee)

Special Agent - CAF-12
(Title of position, service, and grade)

Justice, Federal Bureau of Investigation, Security Division, Internal Security Section
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE: Administrative, supervisory, or planning <input checked="" type="checkbox"/> All others <input type="checkbox"/>
✓ if adequate		
- if weak		
+ if outstanding		

- _____ (1) Maintenance of equipment, tools, instruments.
- _____ (2) Mechanical skill.
- + (3) Skill in the application of techniques and procedures.
- _____ (4) Presentability of work (appropriateness of arrangement and appearance of work).
- + (5) Attention to broad phases of assignments.
- + (6) Attention to pertinent detail.
- _____ (7) Accuracy of operations.
- + (8) Accuracy of final results.
- + (9) Accuracy of judgments or decisions.
- + (10) Effectiveness in presenting ideas or facts.
- + (11) Industry.
- + (12) Rate of progress on or completion of assignments.
- + (13) Amount of acceptable work produced. (Is mark based on production records? _____) (Yes or no)
- + (14) Ability to organize his work.
- + (15) Effectiveness in meeting and dealing with others.
- + (16) Cooperativeness.
- + (17) Initiative.
- + (18) Resourcefulness.
- + (19) Dependability.
- + (20) Physical fitness for the work.

- _____ (21) Effectiveness in planning broad programs.
- _____ (22) Effectiveness in adapting the work program to broader or related programs.
- _____ (23) Effectiveness in devising procedures.
- _____ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
- _____ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
- _____ (26) Effectiveness in instructing, training, and developing subordinates in the work.
- _____ (27) Effectiveness in promoting high working morale.
- _____ (28) Effectiveness in determining space, personnel, and equipment needs.
- _____ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
- _____ (30) Ability to make decisions.
- _____ (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

- _____ (A) _____
- _____ (B) _____
- _____ (C) _____

STANDARD		Adjective rating
Deviations must be explained on reverse side of this form		
Plus marks on all underlined elements, and no minus marks		✓ Excellent
Plus marks on at least half of the underlined elements, and no minus marks		Very good
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks		Good
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks		Fair
Minus marks on at least half of the underlined elements		Unsatisfactory

Rating official Excellent
Reviewing official _____

Rated by James C. Stuckland
(Signature of rating official)

Chief of Section
(Title)

April 15, 1946
(Date)

Reviewed by Wm Ladd
(Signature of reviewing official)

Assistant Director
(Title)

April 15, 1946
(Date)

Rating approved by efficiency rating committee _____ (Date) Report to employee _____ (Adjective rating)

FRED J. BAUMGARDNER

This employee presents a good personal appearance and has a friendly personality. He has a thorough knowledge of the Bureau's work and policies and shows initiative and industry in the performance of his duties. He is mature in appearance and judgment and is interested in developing himself. He has the ability to analyze and supervise involved types of cases and he is willing and has the ability to act on his own initiative and responsibility. He properly organizes his work, is level headed and has a good attitude. His production is far above average and he is a loyal and conscientious employee who I believe possesses very good possibilities for further advancement.

Don

ANNUAL

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL: (X)
REGULAR (X) SPECIAL { }
PROBATIONAL or TRIAL PERIOD { }

As of March 31, 1945 based on performance during period from April 1, 1944 to March 31, 1945

Fred J. Baumgardner

(Name of employee)

Special Agent, CAF-12 \$4600

(Title of position, service, and grade)

Federal Bureau of Investigation - Security Division - Sabotage Section

(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE		CHECK ONE:
✓ if adequate	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.	Administrative, supervisory, or planning <input checked="" type="checkbox"/>
- if weak	2. Underline the elements which are especially important in the position.	All others <input type="checkbox"/>
+ if outstanding	3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	

- by
- _____ (1) Maintenance of equipment, tools, instruments.
 - _____ (2) Mechanical skill.
 - + (3) Skill in the application of techniques and procedures.
 - _____ (4) Presentability of work (appropriateness of arrangement and appearance of work).
 - + (5) Attention to broad phases of assignments.
 - + (6) Attention to pertinent detail.
 - _____ (7) Accuracy of operations.
 - + (8) Accuracy of final results.
 - + (9) Accuracy of judgments or decisions.
 - + (10) Effectiveness in presenting ideas or facts.
 - + (11) Industry.
 - + (12) Rate of progress on or completion of assignments.
 - + (13) Amount of acceptable work produced. (Is mark based on production records? _____) (Yes or no)
 - + (14) Ability to organize his work.
 - + (15) Effectiveness in meeting and dealing with others.
 - + (16) Cooperativeness.
 - + (17) Initiative.
 - + (18) Resourcefulness.
 - + (19) Dependability.
 - + (20) Physical fitness for the work.

- _____ (21) *Effectiveness in planning broad programs.*
- _____ (22) *Effectiveness in adapting the work program to broader or related programs.*
- _____ (23) *Effectiveness in devising procedures.*
- _____ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
- _____ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
- _____ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
- _____ (27) *Effectiveness in promoting high working morale.*
- _____ (28) *Effectiveness in determining space, personnel, and equipment needs.*
- _____ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
- _____ (30) *Ability to make decisions.*
- _____ (31) *Effectiveness in delegating clearly defined authority to act.*

File File File
STATE ANY OTHER ELEMENTS CONSIDERED

- _____ (A) _____
- _____ (B) _____
- _____ (C) _____

STANDARD

Deviations must be explained on reverse side of this form

Plus marks on all underlined elements, and no minus marks	Adjective rating Excellent
Plus marks on at least half of the underlined elements, and no minus marks	Very good
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks	Good
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks	Fair
Minus marks on at least half of the underlined elements	Unsatisfactory

Adjective rating
Rating official: EXCELLENT
MAR 31 1945
Reviewing official: File

Rated by E. J. Fitch

(Signature of rating official)

Section Chief

(Title)

March 15, 1945

(Date)

Reviewed by W. J. Lash

(Signature of reviewing official)

Assistant Director

(Title)

March 31, 1945

(Date)

Rating approved by efficiency rating committee

(Date)

Report to employee

(Adjective rating)

FRED J. BAUMGARDNER
Special Agent

Mr. Baumgardner dresses in good taste, always presents a good appearance and has a very nice personality. He has shown initiative and industry in the performance of his duties as a supervisor in the Sabotage Section of the Security Division. Although he is now assigned almost exclusively to the supervision of War Labor Disputes Act cases, he also has a thorough knowledge of sabotage supervisory duties and has done a large share of the lecturing on both topics. He is reported to be a very interesting speaker and his lectures have been presented in a clear and interesting manner. Much of his success as a lecturer is undoubtedly due to Mr. Baumgardner's thorough understanding of the Bureau's policy on labor matters and his intense interest and enthusiasm for his work.

Mr. Baumgardner is regarded as a very good dictator and this has enabled him to prepare an extremely large volume of memoranda for the Criminal Division in connection with labor matters. In this connection, he has given evidence of having his material well organized and of being very thorough in detail. This employee is especially loyal, cooperative and dependable and always applies himself conscientiously.

9-1-42 cuf-12 4600

4913

FEDERAL BUREAU OF INVESTIGATION

Mr.
Miss
Mrs.

Date

New appointment ☐ Mr. Fred J. Paur ☐ Transfer ☐ Promotion ☒ March 14, 1945 Separation ☐

PRESENT STATUS

- | | |
|--|--|
| 1. Title: | 2. Grade: |
| 3. Salary: Special Agent
\$4000 per annum | 4. Seat of Government: <input type="checkbox"/>
Field: <input type="checkbox"/> |
| 5. Division: | 6. Appropriation: "Salaries and Expenses, FBI" |

PROPOSED ACTION

- | | |
|--|---|
| 7. Title: | 8. Grade: |
| 9. Salary: Special Agent
\$4000 per annum | 10. Seat of Government: <input type="checkbox"/>
Field: <input type="checkbox"/> |
| 11. Division: | 12. Appropriation: "Salaries and Expenses, FBI" |
| 13. Effective: April 1, 1945 | 14. Position: Additional: <input type="checkbox"/>
Vice: <input type="checkbox"/>
Identical: <input type="checkbox"/> |
| 15. Remarks: | |

to be provided in order to the transition of the office of the
r. of the Federal Bureau of Investigation, Department of Justice
to the Federal Bureau of Investigation, Department of Justice
Respectfully submitted, March 14, 1945.

(Title)

cc: CCO, Selective Service

Director, Federal Bureau of Investigation

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Coffey _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Mr. Carson _____
Mr. Egan _____
Mr. Hendon _____
Mr. Pennington _____
Mr. Quinn Tamm _____
Mr. Nease _____
Miss Gandy _____

File
Do not mutilate,
these forms in
any way

ALPHABETICAL

Free
Form

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, 285 Madison Avenue, New York, N. Y., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of
employment

1. Department Justice 2. Bureau or office Fed. Bureau of Investigation
3. Place of employment Dept. of Justice Bldg. (War, Navy, etc.) (Engineer, Navigation, etc.)
4. Reporting office Dept. of Justice Bldg. (City or town) (State)
5. Name of superintendent or foreman in charge when injury occurred Mr. Charles Smith

The injured
employee

6. Name of injured employee Fred J. Baumgardner 7. Age 33 8. Sex M 9. Race W
10. Home address 4205 R. Wallace St., Mt. Rainier, Md. (Give first name in full) (City or town) (State)
11. Occupation and division Special Agent 12. Was employee doing his regular work? yes (Give both, as laborer, hull division; helper, machine shop, etc.)
13. Total length of service with the Government as a civilian? 5 yrs. - 1 month - 4 days
14. How long at present work in this establishment? Approximately - 2 yrs.
15. Dates of other injuries Dec. 1939
16. Rate of pay on date of injury, \$ 4600.00 per annum { and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____
17. Employee begins work at 9:AM m. 18. Regular day's work ends 5:30 PM m.
19. Hours worked per day 8 (Hour, a. m. or p. m.) 20. Days paid per week 6 (Hour, a. m. or p. m.)

The injury

21. Place where injury occurred FBI Gym. Dept. of Justice Bldg. - 9th + Penna Ave. Wash. D.C. (Give exact location, as name or number of building and division, etc.)
22. Date of injury Dec. 28, 1944; day of week Wednesday; hour of day 2:30 p.m. (a. m. or p. m.)
23. Date employee stopped work ✓, 1944; day of week ✓; hour of day ✓ m. (a. m. or p. m.)
24. Date employee's pay stopped ✓, 1944; day of week ✓; hour of day ✓ m. (a. m. or p. m.)
25. Has employee returned to work? ✓ (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave ✓ (Give exact dates)
(b) Sick leave ✓ (Give exact dates)
(c) Any other reason ✓ (Give exact dates)
27. Describe in full how injury occurred Accidentally struck in right eye.
28. State part of body injured and nature and extent of injury Right eye - Bruised
29. Did injury cause loss of any member or part of member? no If so, describe exactly _____
30. Was employee injured while in performance of duty? yes If not, or in doubt, give detailed statement _____
31. Was injury caused by:
(a) Willful misconduct of the employee? no (b) Intention of employee to bring about injury or death of himself or another? no (c) Employee's intoxication? no
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? no If not, did immediate superior have actual knowledge of injury? yes (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury
Joseph C. Mulroy 3778 E. Union St. Alexandria, Va.
Douglas J. Williams 1405 S. Lee Mass Dr. Arlington, Va.
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? no If so, has employee been instructed in procedure under Commission's regulations? _____ (A detailed statement should be forwarded with this report)

Medical
attendance

35. Name and address of physician who first attended case Dr. Merrill Welsker
36. How soon after injury? Approx. 17 hrs.
37. To what hospital sent? _____ Location _____
38. Name and address of physician now attending case _____

Signed this _____ day of _____, 1944

at _____

(Signature of reporting officer)

(Title)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

At approximately 2:30 P.M. on December 28, 1944, while attending a regularly scheduled physical training class with Fred J. Baumgardner, I saw Mrs. Baumgardner struck in the right eye. Inflammation of the eye resulted and cold applications were immediately applied. Mrs. Baumgardner was able to continue in the class after first aid was administered.

Signed this 8 day of January, 1945

Joseph C. Mulroy
(Signature of witness)

December 28, 1944 at approximately 2:30 p.m. I saw Mr. Baumgardner struck in the right eye during a regularly scheduled physical training period. Cold applications were immediately applied.

Signed this 8 day of January, 1945

Douglas J. Williams
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined, on _____, 19____, at _____ m., and _____ disabled for work. Probable length of disability will be _____ In my opinion disability _____ due to injury on _____, 19____. (Was or was not) (Was or was not)

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____
Discharged _____ Other disposition _____
Remarks _____

Signed this _____ day of _____, 19____
at _____

(Signature of medical officer)

(Title)

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR
COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Washington, D. C.
(City or town) (State)

Ninth & Penna. Ave.
(Street and number)

Jan. 8, 1945
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on Dec. 28, 1944
(Date)

Wednesday, Approx. - 2:30 P m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at Dept. of Justice Bldg. 9th & Penna. Ave. Wash. D.C.
(Give name of establishment where employed)

in the following manner:

During participation in organized physical training program.

2. Cause of injury

Blow to right eye

3. Nature of injury Blow to right eye which resulted in bruise

4. Names of witnesses to injury:

T. C. Mearns
D. J. Williams

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

In view of fact Dr. Merrill Welch, Naval Hospital, Bethesda, Md. examined the injury on Dec. 29, 1944 & stated there appeared to be no permanent damage - it was not deemed necessary to fill out this form. Mr. Charles Smith, physical instructor - F.B.I. Gymnasium was the 1st person to whom notice was given.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) Walter J. Baumgardner

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

0
FRED J. BAUMGARDNER

This employee possesses a friendly, congenial personality. He is aggressive, alert and has a thorough knowledge of the Bureau's work. He is mature and self confident and has performed his duties in a commendable manner. He is intelligent, uses good judgment and has shown a willingness to accept responsibility and discharge it without supervision. He is an excellent dictator and in my opinion this employee is above average in ability.

2 MAY 5 1947
ENTERED

67-12651-131
MAY 3 1947
MAY 3 1947

4812

ANNUAL
REPORT OF
EFFICIENCY RATING

Form approved.
Budget Bureau No. 50-R012.3.

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (✓) SPECIAL ()
PROBATIONAL ()

As of March 31, 1947 based on performance during period from Apr. 1, 1946 to March 31, 1947

Fred J. Baumgardner
(Name of employee)

Special Agent - CAF-12
(Title of position, service, and grade)

Federal Bureau of Investigation, Security Division, Internal Security Section
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE ✓ if adequate - if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE: Administrative, supervisory, or planning ----- <input checked="" type="checkbox"/> All others ----- <input type="checkbox"/>
---	---	---

- (1) Maintenance of equipment, tools, instruments.
----- (2) Mechanical skill.
+ (3) Skill in the application of techniques and procedures.
----- (4) Presentability of work (appropriateness of arrangement and appearance of work).
+ (5) Attention to broad phases of assignments.
+ (6) Attention to pertinent detail.
----- (7) Accuracy of operations.
+ (8) Accuracy of final results.
+ (9) Accuracy of judgments or decisions.
+ (10) Effectiveness in presenting ideas or facts.
+ (11) Industry.
+ (12) Rate of progress on or completion of assignments.
+ (13) Amount of acceptable work produced. (Is mark based on production records? -----) (Yes or no)
+ (14) Ability to organize his work.
+ (15) Effectiveness in meeting and dealing with others.
+ (16) Cooperativeness.
+ (17) Initiative.
+ (18) Resourcefulness.
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+ (20) Physical fitness for the work.

- (21) Effectiveness in planning broad programs.
----- (22) Effectiveness in adapting the work program to broader or related programs.
----- (23) Effectiveness in devising procedures.
----- (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
----- (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
----- (26) Effectiveness in instructing, training, and developing subordinates in the work.
----- (27) Effectiveness in promoting high working morale.
----- (28) Effectiveness in determining space, personnel, and equipment needs.
----- (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
----- (30) Ability to make decisions.
----- (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

- + (A) Capability for Additional Responsibilities
----- (B) -----
----- (C) -----

STANDARD Deviations must be explained on reverse side of this form		Adjective Rating
Plus marks on all underlined elements, and check marks or better on all other elements rated	✓ Excellent	Rating official <u>Excellent</u>
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements	Very Good	Reviewing official <u>[Signature]</u>
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance	Good	
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance	Fair	
Minus marks on at least half of the underlined elements	Unsatisfactory	
Rated by <u>[Signature]</u> Chief of Section (Signature of rating official) (Title)		<u>April 15, 1947</u> (Date)
Reviewed by <u>[Signature]</u> Assistant Director (Signature of reviewing official) (Title)		<u>April 15, 1947</u> (Date)
Rating approved by efficiency rating committee ----- (Date)		Report to employee ----- (Adjective rating)

DEPARTMENT OF JUSTICE

WASHINGTON 25, D. C.

Best Copy Available

File by: *el*
Checked by:
Filed by: *1-2*

Name : *Mr. Fred J. Baumgardner*

Nature Of Action : *1-1-46*

Effective : *1-1-46*

NO. *1-1-46*
CIVIL SERVICE OR
OTHER LEGAL AUTHORITY

	FROM	TO
Position	<i>Asst. Dir. of Inv.</i>	
Grade	<i>GS-11</i>	
Salary	<i>\$12,000</i>	
Bureau or Division		
Headquarters		
Appropriations	<i>1-1-46</i>	
Departmental Or Field	<input type="checkbox"/> DEPT. <input type="checkbox"/> FIELD	<input type="checkbox"/> DEPT. <input type="checkbox"/> FIELD

NATURE OF POSITION

a NEW

P. C. No.

b ADDITIONAL IDENTICAL

P. C. No.

c VICE

P. C. No.

REMARKS:

Transferred from the position of Asst. Dir. of Inv. to the position of Asst. Dir. of Inv. in the Department of Justice.

DATE OF OATH

DATE OF BIRTH

SEP 1 1946

1-1-46

(Signature)

OFFICIAL SUPERIOR'S REPORT OF INJURY

(To be submitted to UNITED STATES EMPLOYERS' COMPENSATION COMMISSION, 265 Madison Avenue, New York, N. Y., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.)

Place of employment	1. Department <u>Justice</u>	2. Bureau or office <u>F. B. I.</u>
	3. Place of employment <u>9th & Pennsylvania Ave., Washington</u>	(Engineer, Navigation, etc.) <u>F. B.</u>
	4. Reporting office <u>9th & Pennsylvania Ave., Washington</u>	(City or town) <u>Washington</u>
	5. Name of superintendent or foreman in charge when injury occurred	(State) <u>D. C.</u>
	6. Name of injured employee <u>Fred T. Barnhart</u>	7. Age <u>34</u> 8. Sex <u>Male</u> 9. Race <u>White</u>
The injured employee	10. Home address <u>4225 Russell Ave., Mt. Rainier</u>	(City or town) <u>Mt. Rainier</u>
	11. Occupation and division <u>Special Agent</u>	(State) <u>MD</u>
	12. Was employee doing his regular work? <u>Yes</u>	(Give both, as laborer, hull cleaning helper, machine shop, etc.)
	13. Total length of service with the Government as a civilian? <u>7 years</u>	
	14. How long at present work in this establishment? <u>4 years</u>	
	15. Dates of other injuries	
	16. Rate of pay on date of injury, \$ <u>63.00</u> per annum	(and subsistence valued at \$ <u>6.00</u> per day and quarters valued at \$ <u>7</u> per week)
	17. Employee begins work at <u>9:00 AM</u>	(Hour, a. m. or p. m.)
	18. Regular day's work ends <u>5:30 PM</u>	(Hour, a. m. or p. m.)
	19. Hours worked per day <u>8</u>	20. Days paid per week <u>42.00</u>
The injury	21. Place where injury occurred <u>F. B. I. Gymnasium</u>	(Give exact location, as name or number of building and division, etc.)
	22. Date of injury <u>MAY 8</u> , 19 <u>47</u> ; day of week <u>Monday</u> ; hour of day <u>3:30</u> p. m.	(a. m. or p. m.)
	23. Date employee stopped work <u>May 8</u> , 19 <u>47</u> ; day of week <u>Monday</u> ; hour of day <u>3:30</u> p. m.	(a. m. or p. m.)
	24. Date employee's pay stopped <u>May 8</u> , 19 <u>47</u> ; day of week <u>Monday</u> ; hour of day <u>3:30</u> p. m.	(a. m. or p. m.)
	25. Has employee returned to work? <u>Did not have work</u>	(Give date and hour)
	26. Will employee receive pay for any portion of above absence on account of:	
	(a) Annual leave	(Give exact dates)
	(b) Sick leave	(Give exact dates)
	(c) Any other reason	(Give exact dates)
	27. Describe in full how injury occurred <u>Taking supervised exercise in the gymnasium.</u>	
	28. State part of body injured and nature and extent of injury <u>Right ear</u>	
	29. Did injury cause loss of any member or part of member? <u>no</u>	If so, describe exactly
	30. Was employee injured while in performance of duty? <u>yes</u>	If not, or in doubt, give detailed statement
	31. Was injury caused by:	
	(a) Willful misconduct of the employee? <u>no</u>	(b) Intention of employee to bring about injury or death of himself or another? <u>no</u>
(c) Employee's intoxication? <u>no</u>	(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)	
32. Was written notice of injury given within 48 hours? <u>yes</u>	If not, did immediate superior have actual knowledge of injury? (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)	
33. Names and addresses of witnesses to injury		
<u>Edward J. Powers</u>		
<u>M. P. Childs</u>		
34. Was injury caused by a third party other than a Government employee or agency? <u>no</u>	If so, has employee been instructed in procedure under Commission's regulations? (A detailed statement should be forwarded with this report)	
35. Name and address of physician who first attended case <u>Public Health Service</u>		
36. How soon after injury? <u>within 24 hours</u>		
37. To what hospital sent? <u>none</u>	Location	
38. Name and address of physician now attending case <u>none</u>		
Signed this <u>18</u> day of <u>August</u> , 19 <u>47</u>	(Signature of reporting officer) <u>Joseph P. Byrne</u>	
at <u>Washington, D. C.</u>	(Title)	

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

Mr. Baumgardner, Mr. Childs, and I were playing basketball in the gymnasium at the time this incident occurred. One of the players, in returning the ball to the front wall, cuffed Mr. Baumgardner in the ear. Mr. Baumgardner did not see the blow coming and could not have avoided it.

Signed this 15th day of August, 1947 Edward Powers
(Signature of witness)

Mr. Baumgardner, Mr. Powers, and I were playing basketball in the gymnasium, when, during a play for the ball Mr. Baumgardner and a player collided, resulting in Mr. Baumgardner's ear. Mr. Baumgardner complained of the injury to his ear at the time of the accident, which occurred at May 8th 1947.

Signed this 15th day of August, 1947 Walter P. Childs, Jr.
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I certify that _____ was given first-aid treatment, or examined, on _____, 19____ at _____ m., and _____ disabled for work. Probable length of disability will be _____ In my opinion disability _____ due to injury on _____, 19____ (Was or was not)

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks _____

Signed this _____ day of _____, 19____
at _____

(Signature of medical officer)

(Title)

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR
COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Washington
(City or town)

D.C.
(State)

4205 Russell, one
(Street and number)

August 12, 1947
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on May 8, 1947
(Date)

Thursday, approximately 3:00 p.m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at F.B.I. - Dept. of Justice Building
(Give name of establishment where employed)
in the following manner: while I was engaged in supervised
exercise in the F.B.I. gymnasium

2. Cause of injury I was struck on occipital
blow

3. Nature of injury My right ear was injured

4. Names of witnesses to injury:

Edward J. Powers
M. P. G. Childs

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name)

Frank J. Baumgardner

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

Chick

*Do not
mutilate these
forms in any way*

3-10-68

Back of Page

August 18, 1947

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

My attention has been called to your splendid action in postponing your annual vacation for an indefinite period due to the press of work in the Internal Security Section.

Your conduct in this instance is exemplary and I do want to personally commend you for your loyalty and devotion to the service.

Sincerely,

LSO:lrh

cc: Mr. Ladd (100)

67- / - 134

Search	INDEXED
Number	3806
Filed	PH
4 AUG 27 1947	
FEDERAL BUREAU OF INVESTIGATION	

[Handwritten signatures and initials are present over the stamp and below it.]

[Handwritten initials]

[Stamp: MAILED 1947]

- Mr. Tolson
- Mr. E. A. Tamm
- Mr. Clegg
- Mr. Glavin
- Mr. Ladd
- Mr. Nichols
- Mr. Rosen
- Mr. Tracy
- Mr. Carson
- Mr. Egan
- Mr. Gurnea
- Mr. Harbo
- Mr. Hendon
- Mr. Pennington
- Mr. Quinn Tamm
- Tele. Room
- Mr. Nease
- Miss Gandy

August 21, 1947

Federal Security Agency
Bureau of Federal Employees' Compensation
285 Madison Avenue
New York 17, New York

Gentlemen:

There are enclosed Employees' Compensation Commission forms C. A. 1 and C. A. 2, executed in connection with an injury sustained by Fred J. Baumgardner, of this Bureau on 5-8-47 while in the performance of his official duties.

Very truly yours,

J. E. Hoover

John Edgar Hoover
Director

RA
Enclosure

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Mr. Carson _____
Mr. Egan _____
Mr. Gurnea _____
Mr. Harbo _____
Mr. Hendon _____
Mr. Pennington _____
Mr. Quinn Tamm _____
Mr. Nease _____
Miss Gandy _____

COMMUNICATIONS SECTION

MAILED 11
AUG 21 1947 P.M.

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

May 22, 1948

~~PERSONAL AND CONFIDENTIAL~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on May 4, 1948.

This report reflects that your blood pressure was 125/98, which is a little high for a man of your weight and height. The medical examiner recommends that you have a recheck and the Bureau would like to be informed of the results of the findings. For your further information, the electrocardiogram afforded you in connection with your physical examination was within normal limits.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

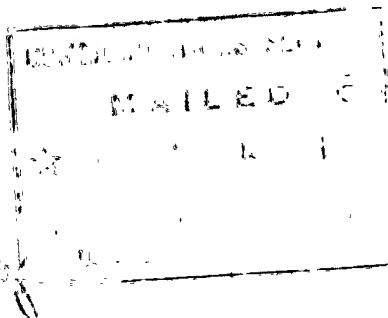
John Edgar Hoover
Director

12 MAY 26 1948

cc: Mr. L. L. Ladd

Mr. Tolson _____
Mr. E. A. Tamm _____
Mr. Clegg _____
Mr. Glavin _____
Mr. Ladd _____
Mr. Nichols _____
Mr. Rosen _____
Mr. Tracy _____
Mr. Egan _____
Mr. Gurnea _____
Mr. Harbo _____
Mr. Mohr _____
Mr. Pennington _____
Mr. Quinn Tamm _____
Tele. Room _____
Mr. Nease _____
Miss Gandy _____

HLB:rg



[Handwritten signature/initials]

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME BAUMGARDNER, Fred J. AGE 36 YEARS, 8 MONTHS
NATIVITY (state of birth) Ky. MARRIED, SINGLE, WIDOWED: m NUMBER OF CHILDREN
FAMILY HISTORY Mother and father L & W siblings 1 & w.

HISTORY OF ILLNESS OR INJURY 1919
(a) usual childhood diseases - also typhoid (d) appendectomy
1930. (ed) Pain in region of heart

HEAD AND FACE n
EYES: PUPILS (size, shape, reaction to light and distance, etc.) n

DISTANT VISION RT. 20/20, corrected to 20/

LT. 20/20, corrected to 20/

COLOR PERCEPTION n

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS

EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS n

NOSE n

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES n

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS n

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH n

NONVITAL TEETH n

PERIAPICAL DISEASE n

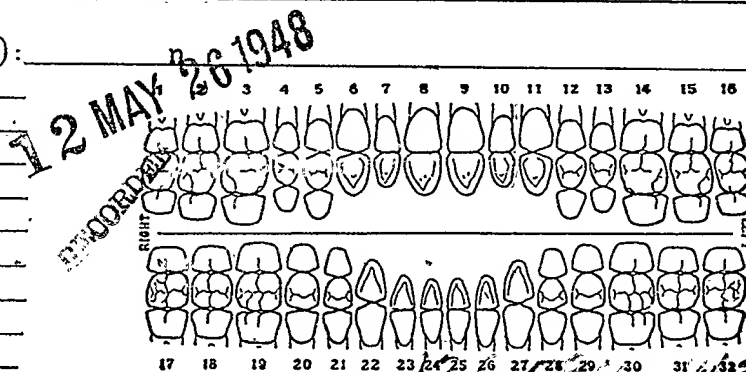
MARKED MALOCCLUSION n

PYORRHEA ALVEOLARIS n

TEETH REPLACED BY BRIDGES n

DENTURES n

REMARKS



E. G. F. POLLARD Odr (DC) USN

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE W - dn

TEMPERATURE 98 CHEST AT EXPIRATION 35 1/2

HEIGHT 68 CHEST AT INSPIRATION 37 1/2

WEIGHT 162 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 32 1/2

RECENT GAIN OR LOSS, AMOUNT AND CAUSE n

SKIN, HAIR, AND GLANDS n

NECK (abnormalities, thyroid gland, trachea, larynx) n

SPINE AND EXTREMITIES (bones, joints, muscles, feet) n

THORAX (size, shape, movement, rib cage, mediastinum) n
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. n
chest x-ray neg.
CARDIO-VASCULAR SYSTEM n
HEART (note all signs of cardiac involvement) n

PULSE: BEFORE EXERCISE 72 BLOOD PRESSURE: SYSTOLIC 126
AFTER EXERCISE 88 DIASTOLIC 98
THREE MINUTES AFTER 80
CONDITION OF ARTERIES n CHARACTER OF PULSE n
CONDITION OF VEINS n HEMORRHOIDS n

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) n - appendectomy scar

GENITO-URINARY SYSTEM n
URINALYSIS: SP. GR. 1.015 ALB. n SUGAR n MICROSCOPICAL n
VENEREAL DISEASE n

NERVOUS SYSTEM n
(organic or functional disorders)
ROMBERG n INCOORDINATION (gait, speech) n
REFLEXES, SUPERFICIAL present DEEP (knee, ankle, elbow) phys TREMORS n
SEROLOGICAL TESTS Kahn neg BLOOD TYPE "O" RH Pos.
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) n

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1947
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1937
DATE OF LAST COURSE

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE

SUMMARY OF DEFECTS 1. B.P. 126/98 2. ECG 3. Append scar

CAPABLE OF PERFORMING DUTIES INVOLVING strenuous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) E.C.G. within normal limits. Should have recheck on BP 128/98

DWIGHT H. SMITH
LT(jg) MC USNR

DATE OF EXAMINATION May 4, 1948

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

Wick

MR. FRED J. BAUMGARTNER

PROMOTION

Date	1947
December 5, 1947	
Personnel Action Number	
F.B.I.- 8530	147
Legal Authority	

Nature of Action

Effective : January 11, 1948

	FROM	TO
Position	Special Agent	SA-2
Grade	CAF 12	CAF 13
Salary	\$6354	\$7172.20
Division and Section Headquarters		
Appropriations	S & E, F.B.I.	S & E, F.B.I.
Departmental or Field	Dept.	Field

NATURE OF POSITION

a. VICE	b. ADDITIONAL IDENTICAL	c. NEW
Charles W. Brown-trans. 3-5-47.		
P. C. NO.	P. C. NO.	P. C. NO.
	Date of Birth	Date of Oath

REMARKS

2010/1/1

DEC 8

The provisions of the Veterans' Preference Act of 1944 have been complied with.

[Handwritten signature]

ANNUAL
REPORT OF
EFFICIENCY RATING

Form approved.
Budget Bureau No. 50-R012.3.

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (X) SPECIAL ()
PROBATIONAL ()

As of March 31, 1948 based on performance during period from April 1, 1947 to March 31, 1948

FRED JACKSON BAUMGARDNER CHIEF OF INTERNAL SECURITY SECTION CAF 13 \$7102.20
(Name of employee) (Title of position, service, and grade)

FEDERAL BUREAU OF INVESTIGATION, SECURITY DIVISION, INTERNAL SECURITY SECTION
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE ✓ if adequate - if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE: Administrative, supervisory, or planning <input checked="" type="checkbox"/> All others <input type="checkbox"/>
---	---	---

- (1) Maintenance of equipment, tools, instruments.
----- (2) Mechanical skill.
-X- (3) Skill in the application of techniques and procedures.
----- (4) Presentability of work (appropriateness of arrangement and appearance of work).
-X- (5) Attention to broad phases of assignments.
-X- (6) Attention to pertinent detail.
----- (7) Accuracy of operations.
-X- (8) Accuracy of final results.
-X- (9) Accuracy of judgments or decisions.
-X- (10) Effectiveness in presenting ideas or facts.
-X- (11) Industry.
-X- (12) Rate of progress on or completion of assignments.
-X- (13) Amount of acceptable work produced. (Is mark based on production records? No)
-X- (14) Ability to organize his work.
-X- (15) Effectiveness in meeting and dealing with others.
-X- (16) Cooperativeness.
-X- (17) Initiative.
-X- (18) Resourcefulness.
-X- (19) Dependability.
-X- (20) Physical fitness for the work.

- X- (21) Effectiveness in planning broad programs.
-X- (22) Effectiveness in adapting the work program to broader or related programs.
-X- (23) Effectiveness in devising procedures.
-X- (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
-X- (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
-X- (26) Effectiveness in instructing, training, and developing subordinates in the work.
-X- (27) Effectiveness in promoting high working morale.
-X- (28) Effectiveness in determining space, personnel, and equipment needs.
-X- (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
-X- (30) Ability to make decisions.
-X- (31) Effectiveness in delegating clearly defined authority to act.

67-136514-143
STATE ANY OTHER ELEMENTS CONSIDERED
----- (A) Capability for additional Responsibility.
----- (B) 77
----- (C) 47 MAY 25 1948

STANDARD
Deviations must be explained on reverse side of this form

Plus marks on all underlined elements, and check marks or better on all other elements rated.
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements.
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance.
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance.
Minus marks on at least half of the underlined elements.

Adjective Rating
Excellent
Very Good
Good
Fair
Unsatisfactory

Rating official Excellent 7913
Reviewing official _____

Rated by [Signature] Assistant Director (Title) April 7, 1948 (Date)
Reviewed by [Signature] (Signature of reviewing official) (Title) 5-11-48 (Date)

Rating approved by efficiency rating committee [Signature] (Date) Report to employee (Adjective rating)

FRED J. BAUMGARDNER
CHIEF - INTERNAL SECURITY SECTION
CAF 13 \$7102.20

During the rating period, Mr. Baumgardner was #1 Man in the Internal Security Unit and on March 26, 1948, was made Unit Chief of that section. In both capacities, his services have been excellent. He is a good administrator, exceedingly cautious and hard working. He has had to handle and be familiar with a large volume of work covering a wide variety of violations and I have found him to have a good grasp of all this work, despite its volume. I consider Mr. Baumgardner an excellent administrator, executive and employee.

Rating: EXCELLENT

4912

October 19, 1949

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I want you to know that I was well pleased with the exceptionally fine work performed by you and by those agents under your supervision in connection with the case involving the Communist Party leaders, whose trial has just been successfully concluded in New York City.

The intelligent coordination of the vast amount of investigative material received in the Bureau and the sound judgment displayed by you in handling this case are indeed commendable. It was gratifying to learn that employees continue to discharge their duties in such a highly efficient manner as you did in this case. I want you to know my sincere appreciation and commendation for your splendid service.

Sincerely,

CLT:cmw

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____

VED - DIRECT

FBI

U.S. DEPT. OF JUSTICE

OCT 20 12 09 PM '49

-15

OCT 20 11 27 AM '49

RECEIVED BY 16 ROOM

U.S. DEPT. OF JUSTICE

Handwritten signature

**U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

WASHINGTON 25, D. C.

Nature
of Action

See Fred J. [unclear] [unclear]

Date
Personnel Action Number
F. B. I. -
Legal Authority

Effective

10-20-54

Position

FROM

TO

Grade

Salary

Division

and

Section

Headquarters

Special Agent

GS-13

1183000

Appropriations

S & E, F.B.I.

S & E, F.B.I.

Departmental
or Field

Dept.

Field

Dept.

Field

NATURE OF POSITION

a. VICE

b. ADDITIONAL IDENTICAL

c. NEW

P. C. NO.

P. C. NO.

P. C. NO.

Date of Birth

Date of Oath

REMARKS

*The provisions of the National
Labor Relations Act of 1947 and
collective bargaining of the above
been complied with.*

[Signature]

[Signature]

December 2, 1949

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

December 2, 1949, marks the completion of your tenth year of service with the Federal Bureau of Investigation and I wish to extend to you my hearty congratulations on this occasion and present to you the enclosed Ten-Year Service Award Key.

During these years, one of my most gratifying and recurring observations has been the splendid manner in which our employees have spontaneously responded to meet the demands of each new task assumed by the Bureau. They have done more than their assigned jobs--they have conclusively demonstrated a loyalty, unselfishness, and a devoted interest more characteristic of active membership, rather than mere employment in this organization. Without such cooperation our accomplishments would have been impossible, and I deeply appreciate your contribution to these essential activities during the ten years you have been associated with us.

I hope that we will continue to receive the benefit of your ability and experience in the work of the FBI for many years to come.

With best wishes,

Sincerely,

Enclosure
CC - Mr. Fletcher
Voucher Section

WRG:tgh

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Mohr _____
Tele. room _____
Nease _____
Gandy _____

158
1949 DEC 2

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270
(1-1-50)

NAME Baumgardner, Fred Jackson AGE 38 YEARS, 8 MONTHS.
NATIVITY (state of birth) Ky. MARRIED, SINGLE, WIDOWED: Married NUMBER OF CHILDREN 0
FAMILY HISTORY Mother and Father both living - Usual childhood diseases.

HISTORY OF ILLNESS OR INJURY No recent illnesses or operations.

HEAD AND FACE Neg.

EYES: PUPILS (size, shape, reaction to light and distance, etc.) Normal

DISTANT VISION RT. 20/20; corrected to 20/ Ophta. Slight increases in
tortuosity of vessels and nar-
rowing-no artuiovenous con-
LT. 20/20, corrected to 20/ striction.
COLOR PERCEPTION AOC 1940

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS Minimal horizontal nystigmur.

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15'
LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15'

DISEASE OR DEFECTS Scared right drum not diseased at present.

NOSE Normal

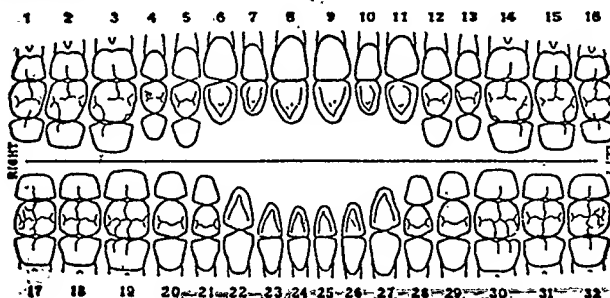
(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES Normal

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS Negative

TEETH AND GUMS (disease or anatomical defect): As charted

MISSING TEETH N
NONVITAL TEETH N
PERIAPICAL DISEASE N
MARKED MALOCCLUSION N
PYORRHEA ALVEOLARIS N
TEETH REPLACED BY BRIDGES N
DENTURES N
REMARKS N



67-111-165
Lt. J. G. Swearingen, DC USN

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE Heavy

TEMPERATURE 97.4

HEIGHT 67 3/4

WEIGHT 168 1/2

CHEST AT EXPIRATION 35

CHEST AT INSPIRATION 37

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 32

RECENT GAIN OR LOSS, AMOUNT AND CAUSE No change

SKIN, HAIR, AND GLANDS Neg.

NECK (abnormalities, thyroid gland, trachea, larynx) Neg.

SPINE AND EXTREMITIES (bones, joints, muscles, feet) None

THORAX (size, shape, movement, rib cage, mediastinum) Neg.
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. Neg.
X-Ray Chest-neg.
CARDIO-VASCULAR SYSTEM Neg.
HEART (note all signs of cardiac involvement) Neg.

PULSE: BEFORE EXERCISE	<u>72</u>	BLOOD PRESSURE: SYSTOLIC	<u>118</u>
AFTER EXERCISE	<u>96</u>	DIASTOLIC	<u>98</u>
THREE MINUTES AFTER	<u>72</u>		
CONDITION OF ARTERIES	<u>Good</u>	CHARACTER OF PULSE	<u>Regular</u>
CONDITION OF VEINS		HEMORRHOIDS	

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) Right rectus healed.

GENITO-URINARY SYSTEM Neg.
URINALYSIS: SP. GR. 1.020 ALB. neg. SUGAR neg. MICROSCOPICAL neg.
VENEREAL DISEASE 0

NERVOUS SYSTEM Neg.
(organic or functional disorders)
ROMBERG 0 INCOORDINATION (gait, speech) 0
REFLEXES, SUPERFICIAL 0 DEEP (knee, ankle, elbow) 0 TREMORS 0
SEROLOGICAL TESTS Kahn-neg. BLOOD TYPE 0 Rh positive
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries)

SMALLPOX VACCINATION: DATE OF LAST VACCINATION _____
TYPHOID PROPHYLAXIS: NUMBER OF COURSES _____
DATE OF LAST COURSE _____
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____

SUMMARY OF DEFECTS None

CAPABLE OF PERFORMING DUTIES INVOLVING Strenuous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____

b6
b7c

DATE OF EXAMINATION April 20, 1950.
EMPLOYEE'S INITIALS _____

M. D.

Heck
December 26, 1950

O
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

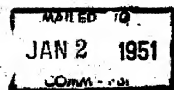
I want to take this means of expressing to you my appreciation and commendation for the excellent manner in which you presided at a forum discussion presented for the officials of the Cuban Army.

Major Clemente Gomez Siera, Chief of the Investigative Unit of the Cuban Army, and his aide, Captain Orlando Garcia Iglesias, have expressed their genuine appreciation for the interesting and valuable material obtained during the discussion. The success of this program has indeed brought much praise to the Bureau.

Very truly,
cc: Mr. Belmont (P&C) J. Edgar Hoover

CRD:bmc
bmc

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____



RECEIVED - DIRECTOR
F B I
DEC 28 7 13 PM '50
711
U S OFFICE OF JUSTICE
RECEIVED BY MR. BELMONT
JAN 2 1951

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.
Best Copy Available

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE			
			F. B. I.				
<i>This is to notify you of the following action affecting your employment:</i>							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY				
FROM		TO					
		8. POSITION TITLE					
		9. SERVICE, GRADE, SALARY					
		10. ORGANIZATIONAL DESIGNATIONS					
		11. HEADQUARTERS					
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL			
13. VETERAN'S PREFERENCE			14. POSITION CLASSIFICATION ACTION				
NONE	5 PT.	10 POINT	NEW	VICE	I. A.	REAL.	
		DISAB. WIFE WIDOW					
15. SEX	16. RACE	17. APPROPRIATION S. & E., FBI		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF OATH (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
		FROM: TO:					
REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

8. FILE

June 5, 1950

~~PERSONAL AND CONFIDENTIAL~~

Mr. Fred Jackson Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on April 20, 1950.

This report reflects that you have no disqualifying physical defects.

The electrocardiogram afforded you in this connection was within normal limits.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

John Edgar Hoover
Director

CC-Mr. Belmont (P & C)
HLE:cmn

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____

JUN 6 1950

Handwritten initials: JH

Handwritten initials: AW

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270
(1-1-50)

NAME BAUMGARDNER, Fred J. AGE 39 YEARS, 9 MONTHS
NATIVITY (state of birth) Ky. MARRIED, SINGLE, WIDOWED married NUMBER OF CHILDREN 0
FAMILY HISTORY Both parents living and well.

HISTORY OF ILLNESS OR INJURY Usual childhood diseases, appendectomy 1931
Tonsillectomy 1943, typhoid fever.

HEAD AND FACE

EYES: PUPILS (size, shape, reaction to light and distance, etc.)

DISTANT VISION RT. 20/15, corrected to 20/

LT. 20/15, corrected to 20/

COLOR PERCEPTION AOC 1940 Normal

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS none

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15/15'

LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15/15'

DISEASE OR DEFECTS none

NOSE N

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES N

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS N

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH

NONVITAL TEETH

PERIAPICAL DISEASE

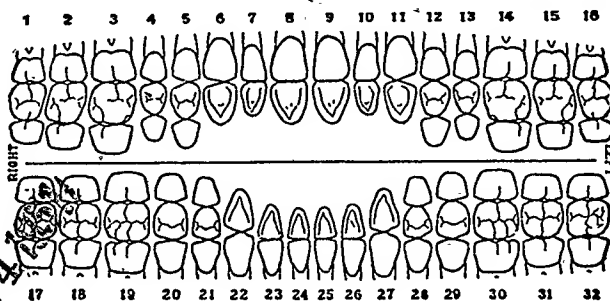
MARKED MALOCCLUSION

PYORRHEA ALVEOLARIS

TEETH REPLACED BY BRIDGES

DENTURES

REMARKS



A. B. Noble

RECORDED (Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE medium

TEMPERATURE

CHEST AT EXPIRATION 36 1/2

HEIGHT 67 1/2

CHEST AT INSPIRATION 39 1/2

WEIGHT 174 1/2

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 34 1/2

RECENT GAIN OR LOSS, AMOUNT AND CAUSE none

SKIN, HAIR, AND GLANDS N

NECK (abnormalities, thyroid gland, trachea, larynx) N

SPINE AND EXTREMITIES (bones, joints, muscles, feet) N

THORAX (size, shape, movement, rib cage, mediastinum) _____
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. N
Chest x-ray - neg.

CARDIO-VASCULAR SYSTEM _____
HEART (note all signs of cardiac involvement) N
ECG-normal

PULSE: BEFORE EXERCISE 92 BLOOD PRESSURE: SYSTOLIC 107
AFTER EXERCISE 104 DIASTOLIC 70
THREE MINUTES AFTER 92
CONDITION OF ARTERIES _____ CHARACTER OF PULSE _____
CONDITION OF VEINS _____ HEMORRHOIDS _____

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) _____
appendectomy scar

GENITO-URINARY SYSTEM N
URINALYSIS: SP. GR. 1.022 ALB. neg. SUGAR neg. MICROSCOPICAL neg.
VENEREAL DISEASE _____

NERVOUS SYSTEM N
(organic or functional disorders)
ROMBERG N INCOORDINATION (gait, speech) None
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS none
SEROLOGICAL TESTS neg. BLOOD TYPE "O" Rh /
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) none

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1949
TYPHOID PROPHYLAXIS: NUMBER OF COURSES ?
DATE OF LAST COURSE 1948
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE none

SUMMARY OF DEFECTS NSA on PE

CAPABLE OF PERFORMING DUTIES INVOLVING Strenuous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no).
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary): _____
b6
b7C

DATE OF EXAMINATION June 1, 1951
EMPLOYEE'S INITIALS _____

s _____
Cdr. (MC) USN
7/8/51

July 17, 1951

PERSONAL AND CONFIDENTIAL

Mr. Eusebius J. Schneider
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Schneider:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on June 1, 1951.

This report reflects that you have no disqualifying physical defects.

The electrocardiogram afforded you in this connection was found to be normal.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

John Edgar Hoover
Director

CC-Mr. Belmont (P & C)

HLE:mfc

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Alcon _____
Belmont _____
Laughlin _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____

7/17 3 20 PM '51
FBI
RECEIVED - FBI
JUL 17 1951

October 25, 1951

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

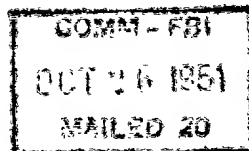
Dear Mr. Baumgardner:

I am writing at this time to express to you my sincere appreciation for the splendid fashion in which you functioned in connection with the investigation which led to the apprehension of One Hell.

I consider that you discharged your responsibilities in a most commendable manner and your many suggestions proved to be of invaluable value in the conduct of this important matter and contributed materially to the successful results accomplished. It is just such performance as this which has earned for the FBI its present enviable record and reputation.

Sincerely,

J. Edgar Hoover



U.S. DEPT. OF JUSTICE
OCT 25 7 26 PM '51
DIRECTOR

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Alden _____
Belmont _____
Laughlin _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____

cc: Mr. Belmont (FAC)

67-126594

ASF:PMC

1. Agency and organizational designations U.S. Department of Justice Federal Bureau of Investigation	2. Pay roll p	3. Block No.	4. Slip No.
--	---------------	--------------	-------------

5. Employee's name (and social security account number when appropriate) J. Edgar Hoover	6. Grade and Salary GS-11, \$11,000
---	--

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
9. New normal										
9. Pay this period										

10. Remarks:	11. Appropriation(s) F. I.	12. Prepared by
		13. Audited by

☒ Periodic step-increase
 ☐ Pay adjustment
 ☐ Other step-increase

14. Effective date 1-1-51	15. Date last equivalent increase 10-1-50	16. Old salary rate \$9,000	17. New salary rate \$11,000	18. Performance rating is satisfactory or better. (Signature or other authentication)
------------------------------	--	--------------------------------	---------------------------------	--

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):	(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.
--	--

☒ No excess LWOP. Total excess LWOP _____

STANDARD FORM NO. 1126—Revised Form prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulations No. 102	PAY ROLL CHANGE SLIP—PERSONNEL COPY
---	-------------------------------------

April 10, 1952

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

My attention has been called to your exemplary performance of duty in connection with the recent Smith Act cases handled in the Baltimore Division.

I was most pleased to learn of the successful culmination of these cases and I feel that the results accomplished are in part traceable to the close supervision you afforded the entire matter at the Seat of Government and to the very serious manner in which you discharged your responsibilities. You may well take pride in the knowledge of a job well done.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (P&C)

67-136594

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Mohr _____
Tele. Rm. _____
Nease _____
Gandy _____

EJI:jk

RECEIVED BUREAU
APR 10 1952
10 42 PM '52

APR 11 10 42 AM '52

RECEIVED BUREAU

RECEIVED BUREAU

-183

April 19, 1952

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I want to express to you and through you to the Supervisors of the Internal Security Unit my sincere appreciation for the splendid fashion in which the recent Security-Suspense Schools were conducted at the Bureau.

It is my desire that you personally convey my gratitude and commendation to those Supervisors who contributed so materially to the success of these schools, advising them that I was most pleased with the efficient and capable manner in which this project was handled. I consider this was a job well done.

b6
b7C

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (PCG)

cc: Personnel files of SA's:

Herman O. Blu

Paul L. Cox

Joseph D. Donohue
Marion E. Torrens

Carroll Doule

James F. Bland
Arthur E. Dooley

COMM - FBI

APR 24 1952

MAILED 20

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Laughlin _____
Mohr _____
Tele. Rm. _____
Holloman _____
Gandy _____

67-136594
EJI:bmc

APR 19 6 17 PM '52
RECORDED - 66

67-1-

125/89

MAY 2 1952

July 28, 1952

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I have been informed of the fine manner in which you assisted in the conference which was held recently at the Bureau with the view to increasing the efficiency of the Bureau's operations in the development of confidential sources of information.

Your efforts reflected good judgment, a mature knowledge of the subject which was under discussion and proved to be of considerable aid to members of the group. I want you to know I am most appreciative of your services.

Sincerely yours,

J. Edgar Hoover

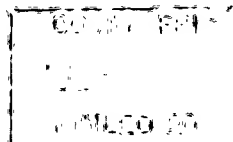
cc: Mr. Belmont

(P&C)

75-1056 66

67-136504 220

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Laughlin _____
Mohr _____
Tele. Rm. _____
Holloman _____
Gand _____



RECEIVED
JUL 28 3 46 PM '52
FBI - WASH

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 50-R064

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) MR FRED J. BAUMGARDNER		2. DATE OF BIRTH 8-12-11	3. JOURNAL OR ACTION NO. F.B.I. 837	4. DATE 7-14-52
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) PROMOTION		6. EFFECTIVE DATE 7-20-52	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A Part C.105 12 (1)	
FROM		TO		
Special Agent GS 14 \$10,000 per annum		8. POSITION TITLE 9. SERVICE, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	SA-2 GS 15 \$10,000 per annum	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> WWII <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O	17. APPROPRIATION S. & E., FBI FROM: TO:		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		19. DATE OF OATH (ACCESSIONS ONLY) 7-14-52		20. LEGAL RESIDENCE Chicago
REMARKS <p>The provisions of the Universal Military Training and Service Act of 1951 have been complied with. This promotion is temporary in accordance with Public law 4043, approved 9-27-50. The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952 - Public law 1953, approved 11-1-51. Prom. changed to grade GS 15, \$10,000 per annum.</p> <p>34 JUL 17 1952</p>				
SIGNATURE OR OTHER AUTHENTICATION [Signature]				

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270
(1-1-50)

NAME BAUMGARDNER, Fred J. AGE 40 YEARS, 11 MONTHS
NATIVITY (state of birth) Ky. MARRIED, SINGLE, WIDOWED: Married NUMBER OF CHILDREN -
FAMILY HISTORY Both parents living and well.

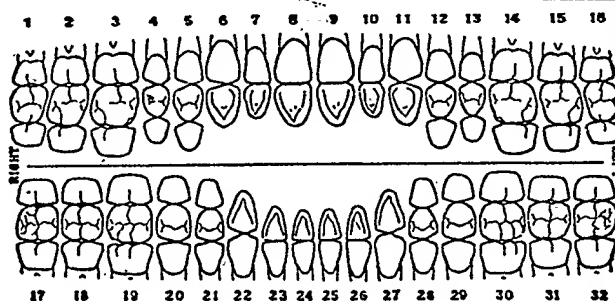
HISTORY OF ILLNESS OR INJURY Usual childhood illnesses.
Appendectomy 1932-Tonsillectomy-1942.

HEAD AND FACE N
EYES: PUPILS (size, shape, reaction to light and distance, etc.) N
DISTANT VISION RT. 20/ 20, corrected to 20/
LT. 20/ 20, corrected to 20/
COLOR PERCEPTION Norm AOC 1940
(state edition of Stilling's plates or Lamps used)
DISEASE OR ANATOMICAL DEFECTS None
EARS: HEARING RT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH 15/15'
LT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH 15/15'
DISEASE OR DEFECTS None
NOSE Rt. deviated sept. NCD
(Disease or anatomical defect, obstruction, etc. State degree)
SINUSES N
TONGUE, PALATE, PHARYNX, LARYNX, TONSILS N

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH _____
NONVITAL TEETH _____
PERIAPICAL DISEASE _____
MARKED MALOCCLUSION _____
PYORRHEA ALVEOLARIS _____
TEETH REPLACED BY BRIDGES _____

DENTURES _____
REMARKS Mandibular tori.



S.A. Grady, CDR. DC USN
(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE _____
TEMPERATURE N CHEST AT EXPIRATION 36
HEIGHT 68 CHEST AT INSPIRATION 39
WEIGHT 171 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 33
RECENT GAIN OR LOSS, AMOUNT AND CAUSE None
SKIN, HAIR, AND GLANDS N
NECK (abnormalities, thyroid gland, trachea, larynx) N
SPINE AND EXTREMITIES (bones, joints, muscles, feet) N

128
AUG 3 1952

THORAX (size, shape, movement, rib cage, mediastinum) N
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. N
Chest X-ray Neg. #29452 C
CARDIO-VASCULAR SYSTEM N
HEART (note all signs of cardiac involvement) N
ECG Normal

PULSE: BEFORE EXERCISE 78 BLOOD PRESSURE: SYSTOLIC 114
AFTER EXERCISE 88 REC'D - CH. CLK. DIASTOLIC 74
THREE MINUTES AFTER 78 F.B.I.
CONDITION OF ARTERIES N CHARACTER OF PULSE Reg.
CONDITION OF VEINS N HEMORRHOIDS No
AUG 4 5 11 PM '52

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) N
FBI

U.S. DEPT. OF JUSTICE

GENITO-URINARY SYSTEM N
URINALYSIS: SP. GR. 1.020 ALB. N SUGAR N MICROSCOPICAL N
VENEREAL DISEASE None

NERVOUS SYSTEM N
(organic or functional disorders)
ROMBERG Neg. INCOORDINATION (gait, speech) No
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS N
SEROLOGICAL TESTS Kahn Neg. BLOOD TYPE RH / "O"
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) No

SMALLPOX VACCINATION: DATE OF LAST VACCINATION _____

TYPHOID PROPHYLAXIS: NUMBER OF COURSES _____

DATE OF LAST COURSE _____

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____

SUMMARY OF DEFECTS Rt. deviated sept. NCD

CAPABLE OF PERFORMING DUTIES INVOLVING arduous PHYSICAL EXERTION

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____

b6
b7C

DATE OF EXAMINATION 7/24/52
EMPLOYEE'S INITIALS _____

September 19, 1952

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I want to take this opportunity to express to you my personal appreciation for your excellent handling at the Seat of Government of the apprehensions of the Smith Act subjects in the St. Louis, Seattle and Detroit Divisions.

I am particularly mindful of the sound judgment displayed by you and the intelligent fashion in which you directed the over-all operations of this vital matter. You should entertain a feeling of reassured pride in knowing that the very able manner in which you performed your duties contributed much toward the successful results attained.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (P&C)

67-136594

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Mohr _____
Tele. Rm. _____
Holloman _____
Nease _____
Gandy _____

JJI:jkl

SEP 19 5 11 PM '52
RECEIVED
SECTION

leg

SEP 19 1952

SEP 19 3 51 PM '52
RECEIVED
FBI

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, Fred Jackson				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.			
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)				5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 4/7/53			
7. SEX Male		8. RACE White		9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN		10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8/12/11		13. PLACE OF BIRTH Kentucky		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS						16. OTHER INFORMATION			

17. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL		LAST SIX MONTHS	
CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)			

NORMAL	ABNOR- MAL	(Check each item in appropriate col- umn: enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 69, 60, and 61)
N. E.		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae (Prostate if indicated))
		33. ENDOCRINE SYSTEM
		34. G-U SYSTEM
		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet (Strength, range of motion))
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)

44. Small oral lesion on buccal mucosa -
opposite #32. Appear to be of a traumatic
nature. Advise adjusting occlusion of 1,
32 molars, HCD.

b6
b7c

Females only		(Check how done)
	43. PELVIC	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O.—Restorable teeth X.—Missing teeth (6 X 6).—Fixed bridge, brackets to include abutments /—Nonrestorable teeth XXX.—Replaced by dentures																Type III Class I 32 teeth present	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	F
H																	T

-136591-200

45. URINALYSIS: SP. GR. 1.021			46. CHEST X-RAY (Place, date, film number, result)			47. SEROLOGY (Specify test used and result)		
ALBUMIN	SUGAR	MICROSCOPIC	33256G - neg.			Kahn - neg.		
Neg.	Neg.	Neg.						
48. EKG			49. BLOOD TYPE AND RH FACTOR			50. OTHER TESTS		
Normal			"O" Pos.			See GU Consult.		

4541
6/19/53

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 5' 7 3/4"		52. WEIGHT 176		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input checked="" type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. Normal	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
SITTING SYS. 128 DIAS. 88		RECUM- BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 78		AFTER EXERCISE		2 MIN. AFTER RECUMBENT AFTER STANDING 3 MIN.	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/20 CORR. TO 20/				BY S. CX				CORR. TO BY			
LEFT 20/20 CORR. TO 20/				BY S. CX				CORR. TO BY			
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. FRISM DIV. PRISM CONV. PC PD											
63. ACCOMMODATION RIGHT N LEFT N.				64. COLOR VISION (Test used and result) Normal				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED			
66. FIELD OF VISION N				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV 15/15 SV 15/15		250 500 1000 2000 3000 4000 8000 250 512 1024 2048 4096 8192									
LEFT WV 15/15 SV 15/15		RIGHT LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Usual childhood diseases.

Appendectomy - 1933

Tonsilectomy - 1944.

Proctoscopic exam. last month negative.

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE					
G.U. Consult. (done)						P	U	L	H	E	S
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR Strenuous duty and firearms (5/8/53) <input type="checkbox"/> IS NOT						PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE b6 b7C					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

BAUMBARDNER, Fred

G.U.

4/7/53

Nocturia almost q. nite. Diminished force of stream. "Feeling of fullness at rectum when I sit down." Would like your opinion.

Hypertrophy, benign, prostate.



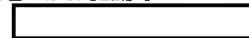
b6
b7C

5/7/53.

Examination of the urine is entirely negative. Abdomen is normal. Penis and testes are normal. Rectal sphincter is normal. There is congestion and fullness of the prostate and seminal vesicles but massage yields normal prostatic secretion.

Fl4 urethral catheter passes into the bladder with ease and there is no residual urine.

Impression: Physiologic congestion of prostate and seminal vesicles. No specific treatment indicated except hot sitz baths.



LT MC 5/7/53

b6
b7C

1. Agency and organizational designations U.S. Department of Justice Federal Bureau of Investigation					2. Pay roll fund		3. Block No.		4. Slip No. 11516	
5. Employee's name (and social security account number when appropriate) MR. FRANK J. BARNARD					6. Grade and salary SA GS 15 \$10,800					
PAY ROLL CHANGE DATA										
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX.....	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										
10. Remarks:						11. Appropriation(s)			12. Prepared by	
									13. Audited by	
<input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase.....										
14. Effective date 1-27-54	15. Date last equivalent increase 7-20-52	16. Old salary rate \$10,800	17. New salary rate \$11,050	18. Performance rating is satisfactory or better. (Signature or other authentication)						
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): 6 DEC 30 1953				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period; <input type="checkbox"/> In LWOP status at end of waiting period. JFK Initials of Clerk						
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP										

STANDARD FORM NO. 1126d—Revised
Form prescribed by Comp. Gen., U. S.
Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

August 31, 1953

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I am taking this means to commend you for your splendid over-all supervision of the investigation of the Communist underground which led to the apprehension of I. O. Fugitives Robert George Thompson and Sidney Steinberg, Smith Act subjects, and four other members of the Communist Party underground apparatus.

Throughout the duration of this particular case you consistently manifested excellent judgment in the best interests of the Bureau, and your diligent efforts to establish whether one of the subjects was actually in the San Francisco Division were certainly partially responsible for the successful apprehension of these individuals.

Sincerely yours,

cc: Mr. Belmont (P&C)

LRH:rk
67-136594

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Gearty _____
Mohr _____
Winterrowd _____
Tele. Room _____
Holloman _____
 Sizoo _____
Miss Gandy _____

SEP 4 1953

RECEIVED
FBI
SEP 4 1953

RECEIVED
FBI
SEP 31 1953

-200

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

May 20, 1953

~~CONFIDENTIAL~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on April 7, 1953.

This report reflects that you have no disqualifying physical defects and the electrocardiogram afforded you was normal.

There is enclosed, herewith, a copy of the results of a genito-urinary consultation afforded you on May 7, 1953.

The Board of Examining Physicians states that you are capable of strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

John Edgar Hoover
Director

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Laughlin _____
Mohr _____
Tele. Rm. _____
Holloman _____
Gandy _____

CC-Mr. Belmont

LEH:mf

Enclosure

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

March 11, 1954

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

You deserve a great deal of credit for the expeditious, thorough handling last week of the preparation of material on the Nationalist Party of Puerto Rico, and I am writing to express my sincere commendation.

The remarkable devotion to duty you manifested in voluntarily contributing many hours of overtime to the matter and the close, aggressive supervision you afforded it typify the highest type of Bureau performance. I greatly appreciate your valuable service in this instance.

MAILED 2

MAR 15 1954

COMM - FBI

Sincerely yours,
J. Edgar Hoover

cc: Mr. Belmont
(Personal Attention)

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Gandy _____
Mohr _____
Winterrowd _____
Tele. Room _____
Holloman _____
Miss Gandy _____

LRH:ma
67-136694

RECEIVED RECORDS ROOM

MAR 11 4 51 PM '54

205

March 30, 1954

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

You deserve a great deal of credit for the excellent manner in which the preparation of a special summary on the Communist Party was handled last week, and I am taking this means to commend you.

It is gratifying to note the high degree of efficiency with which you worked, and I am certain the excellent services rendered on this matter by other employees in your division were attributable in no small measure to your inspiring example. I want you to know of my appreciation for your very capable performance.

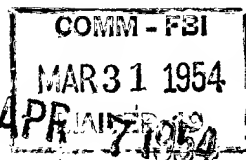
Sincerely yours,

cc: Mr. Belmont (Personal Attention)

LRH:rfm
67-136594

RECORDED-10

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Mohr _____
Trotter _____
Winterrowd _____
Tele. Room _____
Holloman _____
Miss Gandy _____



AR 30 3 17 PM '54
RECEIVED HEADQUARTERS

TO: MR. TOLSON
FROM: MR. BELMONT
SUBJECT: COMMUNIST PARTY
DATE: 3/31/54

63
H. St. Louis
ref

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FRED J.		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 4-16-54
7. SEX Male	8. RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT			
12. DATE OF BIRTH 8-12-11	13. PLACE OF BIRTH Munfordville, Ky.	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC- Bethesda		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION		
NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)		

NORMAL	ABNOR- MAL	(Check each item in appropriate col- umn: enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X	X	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)
	X	28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
	X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 78)
NR		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

28- Subjective lower sternal and left chest
discomfort chronic (NCD)

39- Appendectomy (NCD)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to Nonrestorable teeth XXX.—Replaced by dentures include abutments		Type III Class 1 Torus man-rt. side no-teeth-missing
RIGHT	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	-136594-208
LEFT	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	

45. URINALYSIS: SP. GR. 1.020			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC	Negative	Negative
Neg	Neg	Neg		
48. EKG ECG-normal	49. BLOOD TYPE AND RH FACTOR B	50. OTHER TESTS	11 MAY 6 1954 FEDERAL BUREAU OF INVESTIGATION	

MAY 5 1954

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68 $\frac{11}{4}$		52. WEIGHT 171		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. Normal			
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)							
SITTING	SYS.	112	RECUM- BENT	SYS.		STANDING (3 min.)	SYS.		SITTING 88	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
	DIAS.	72	DIAS.		DIAS.								
59. DISTANT VISION						60. REFRACTION				61. NEAR VISION			
RIGHT 20/		20	CORR. TO 20/			BY		S.	CX	CORR. TO			BY
LEFT 20/		20	CORR. TO 20/			BY		S.	CX	CORR. TO			BY
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD													
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) AOC 1940 Normal				65. DEPTH PERCEPTION (Test used and score)					UNCORRECTED
													CORRECTED
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS				69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WVC. 215/15 SV 15/15		250 250 500 512 1000 1024 2000 2043 3000 2896 4000 4096 8000 8192											
LEFT WV 215/15 SV 15/15													

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

G.I. Series, Chest&: 4-29-54

GI series reveals a normal esophagus, stomach and duodenum.

Examination of the chest shows the cardiac shadow to be within the limits of normal. The lung fields are clear bilaterally. There is a Ghon complex in the right base. Examination of the chest with particular reference to the sternoclavicular joints show the films to be slightly underexposed. However no abnormalities are noted. There is a suggestion of calcification in the region of the supraspinatus tendon bilaterally.

[] LT MCUSN

b6
b7C

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)								76. PHYSICAL PROFILE					
								P	U	L	H	E	S
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR strenuous physical exertion and use of firearms. <input type="checkbox"/> IS NOT								PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER								A.	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN								SIGNATURE []					
80. TYPED OR PRINTED NAME OF PHYSICIAN								SIGNATURE [] b6 b7C					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)								SIGNATURE []					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY								SIGNATURE []					
								NUMBER OF ATTACHED SHEETS					

ATTACHMENT TO STANDARD FORM 88
(Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee 13 qualified for strenuous physical
(is or is not)
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

13
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

(Signature of Medical Examiner)

4/27/54.
(Date)

b6
b7C

17-136-0-208

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

June 14, 1954

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

It gives me a great deal of pleasure to extend to you my sincere commendation for your extremely fine handling of the investigations and apprehensions in the New York, Chicago and San Juan Divisions of a number of members of the Nationalist Party of Puerto Rico.

Your splendid supervision at the Seat of Government of this operation showed careful planning, as well as meticulous attention to detail, and your good judgment in the coordination of the many phases of this operation contributed in no small way to the very successful results achieved. Such exemplary performance is most gratifying to me.

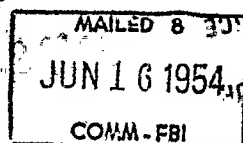
Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Mohr _____
Trotter _____
Winterrowd _____
Tele. Room _____
Holloman _____
Miss Gandy _____

LRH:rk
67-136594



RECEIVED
JUN 15 11 24 AM '54
JUN 16 1954

November 23, 1954

Personal and ~~Confidential~~

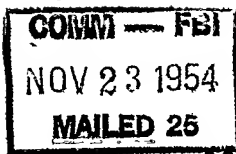
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I have noted with gratification the very splendid success of the regional conferences recently conducted relating to the development of security informants and I am taking this means to commend you for your excellent participation.

It is evident that you gave considerable thought and attention to the organization of these sessions and to your presentation of material, which contributed much to the success of the conferences. I do not want the opportunity to pass without expressing to you my sincere appreciation for your efforts.

Sincerely yours,



cc: Mr. Belmont (Personal Attention)

LRH:ilw
67-136594
(4)

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

NOV 23 10 24 AM '54
RECEIVED IN THE ROOM

136594-216

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

January 24, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I was most gratified to learn of the splendid manner in which you aided in the handling of a special project on January 18 and 19, 1955.

You are certainly to be commended for the unselfish attitude you displayed in voluntarily remaining beyond your normal tour of duty to assist in this matter. I am most appreciative of your fine services.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:rm

67-136594

(4)

SA Baumgardner assisted in the handling of a special project incidental to the proposal of the Solicitor General as to revealing confidential sources and informants in connection with loyalty cases.

COMM - FBI

JAN 24 1955

MAILED 31

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

55 JAN 27 1955

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

March 10, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I have noted with a great deal of gratification the exemplary manner in which the stenographers of the Internal Security Section have performed during the past two months in connection with the extremely heavy work load.

I am sure that you have voluntarily and without complete desire and for their own personal convenience worked many long hours of overtime duty in order that this increased volume of work might be handled as expeditiously as possible. It is my desire therefore that you extend to them my personal commendation and sincere appreciation for this splendid display of devotion to duty.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:ilw
67-136594
(4)

Based on memo from F. J. Baumgardner to Mr. A. H. Belmont dated 3/4/55 captioned COMPENSATORY LEAVE - STENOGRAPHERS, INTERNAL SECURITY SECTION, DOMESTIC INTELLIGENCE DIVISION.

COMM - FBI

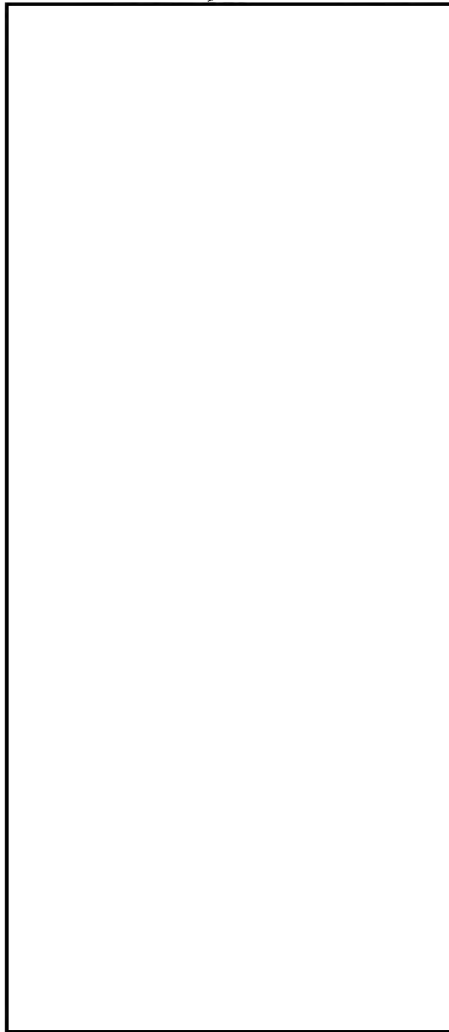
MAR 11 1955

MAILED 20

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

67-136594-220

Searched	_____
Numbered	_____
MAR 29 1955	
FEDERAL BUREAU OF INVESTIGATION	



b6
b7C

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 50-R064

Prepared by: *File*
Checked by: *File*
Filed by: *File*

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-FIRST-MIDDLE INITIAL- LAST) MR. FRED J. BAUMGARDNER		2. DATE OF BIRTH 11914 8-12-11	3. JOURNAL OR ACTION No. F. B. I. 19863	4. DATE 1-14-55
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT		6. EFFECTIVE DATE 1-16-55	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW	
FROM Special Agent GS 15 \$11,050 per annum		8. POSITION TITLE Supervisory Special Agent	TO Same Same Division Five Domestic Intelligence D. C.	
9. SERVICE, SERIES, SALARY, GRADE Same		10. ORGANIZATIONAL DESIGNATIONS Same	11. HEADQUARTERS Same	
12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> WW1 <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>				
14. POSITION CLASSIFICATION ACTION FBI#54-D-234 Series 1811 Vacancy-new pos approved by FBI on 12-28-54				
15. SEX M	16. RACE M	17. APPROPRIATION S. & E., FBI 18. FROM: Same 18. TO: Same APPROVED <i>J. E. M. [Signature]</i> DIRECTOR, F. B. I.		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) Yes
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				
REMARKS: The provisions of the Universal Military Training and Service Act of 1951 have been complied with. The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952 - Public Law #253, approved 11-1-51.				
67-NOT RECORDED-9				
51 FEB 15 1955				
SIGNATURE OR OTHER AUTHENTICATION				

April 6, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I have noted with gratification
the effectiveness of the recent conference
on Communist underground matters and I
wish to express my sincere appreciation
for your excellent work in this regard.

Your able handling of the items
on the agenda and your capable direction
of the discussions concerning related matters
contributed materially to the success of the
conference. It is a pleasure to extend to
you my personal commendation for your splendid
services.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:ilw
(4)

67-136594

Based on memo from F. J. Baumgardner to
Mr. Belmont 3/30/55, FJB:baw; addendum 3/30/55,
AHB:ojk.

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

26 APR 19 1955

*Noted on May 18
5-16-55*

0

FRED J. BROWN

DO NOT MUTILATE THESE FORMS IN ANY WAY

45

18 MAY 13 1955

67-NOT RECORDED-1

[Handwritten signature]

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

Date of this notice May 3, 1955

1. I hereby certify that I am employed as a Special Agent Supervisor
(Occupation)
at the Federal Bureau of Investigation, Department of Justice
(Place of employment)
and on Monday, May 2, 1955, 19 , at approx. 2:00 P m.
(Day of week) (Date) (Hour, a. m. or p. m.)

I was injured in the performance of my duties at in Room 1244
(Location where injury occurred)
Dept. of Justice Bldg., Washington, D. C.

2. Cause of injury unknown
(Describe as best you can how and why injury occurred)

3. Nature of injury particle of dirt fell into right eye
(Name part of body affected—fractured left leg, bruised right thumb, etc.)

4. Names of witnesses to injury none

5. If this notice was not given within 48 hours after the injury, explain reason for delay and state name of person to whom notice was first given, and when

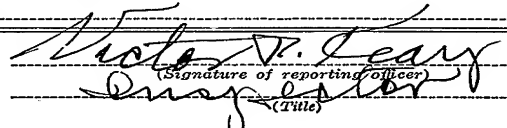
This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

Name Fred J. Baumgardner
Address 3104 Martha Custis Dr.,
(Street and number)

Alexandria Va.
(City or town) (State)

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department <u>Justice</u> <small>(War, Navy, etc.)</small>	2. Bureau or office <u>Federal Bureau of Investigation</u> <small>(Engineer, Navigation, etc.)</small>	
	3. Place of employment <u>office</u> <small>(Arsenal, navy yard, etc.)</small>	<u>Washington</u> <small>(City)</small>	<u>DC</u> <small>(State)</small>
	4. Reporting office _____ <small>(Location of reporting office or division headquarters)</small>		
	5. Name of superintendent or foreman in charge when injury occurred _____		
The injured employee	6. Name of injured employee <u>Fred J. Baumgardner</u> <small>(Give first name in full)</small>	7. Age _____	8. Sex <u>M</u>
	10. Home address <u>3104 Martha Custis Dr., Alexandria, Va.</u> <small>(Street and number) (City or town) (State)</small>	9. Race <u>White</u>	
	11. Occupation and division _____ <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	12. Was employee doing his regular work? <u>yes</u> <small>If not, what work?</small>	
	13. Total length of service with the Government as a civilian? <u>16 yrs.</u>		
	14. How long at present work in this establishment? <u>10 yrs.</u>		
	15. Dates of other injuries <u>none</u>		
	16. Rate of pay on date of injury, \$ _____ per _____ <div style="display: flex; justify-content: flex-end; align-items: center;"> { and subsistence valued at \$ _____ per { and quarters valued at \$ _____ per </div>		
	17. Employee begins work at <u>9:00</u> <u>AM</u> m. <small>(Hour, a. m. or p. m.)</small>	18. Regular day's work ends <u>5:30</u> <u>Pm.</u> <small>(Hour, a. m. or p. m.)</small>	
	19. Hours worked per day <u>8</u>	20. Days paid per week <u>5</u>	
	21. Place where injury occurred <u>Dept. of Justice Bldg. Washington, D.C.</u> <small>(Give exact location, as name or number of building and division, etc.)</small>		
22. Date of injury <u>May 2,</u> 19 <u>55</u> ; day of week <u>Monday</u> ; hour of day <u>2:00</u> <u>PM</u> <small>(a. m. or p. m.)</small>			
23. Date employee stopped work <u>--</u> , 19 <u>--</u> ; day of week <u>--</u> ; hour of day _____ m. <small>(a. m. or p. m.)</small>			
24. Date employee's pay stopped <u>--</u> , 19 <u>--</u> ; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>			
25. Has employee returned to work? <u>--</u> <small>(Give date and hour)</small>			
26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave <u>--</u> <small>(Give exact dates)</small> (b) Sick leave _____ <small>(Give exact dates)</small> (c) Any other reason _____ <small>(Give exact dates)</small>			
27. Describe in full how injury occurred _____ <u>particle of dirt fell into right eye</u>			
28. State part of body injured and nature and extent of injury <u>right eye</u>			
The injury	29. Did injury cause loss of any member or part of member? <u>no</u> If so, describe exactly _____		
	30. Was employee injured while in performance of duty? <u>yes</u> If not, or in doubt, give detailed statement _____		
	31. Was injury caused by: (a) Willful misconduct of the employee? <u>no</u> (b) Intention of employee to bring about injury or death of himself or another? <u>no</u> (c) Employee's intoxication? <u>no</u> <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small>		
	32. Was written notice of injury given within 48 hours? <u>yes</u> If not, did immediate superior have actual knowledge of injury? _____ <small>(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>		
33. Names and addresses of witnesses to injury <u>none</u>			
34. Was injury caused by a third party other than a Government employee or agency? <u>no</u> If so, has employee been instructed in procedure under the Bureau's regulations? _____ <small>(A detailed statement should be forwarded with this report)</small>			
Medical attendance	35. Name and address of physician who first attended case <u>FBI</u>		
	36. How soon after injury? _____		
	37. To what hospital sent? _____ Location _____		
38. Name and address of physician now attending case _____			
Signed this <u>3d</u> day of <u>May</u> , 19 <u>55</u> at _____ <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="text-align: center;">  <small>(Signature of reporting officer)</small> <u>Inspector</u> <small>(Title)</small> </div> </div>			

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

Signed this _____ day of _____, 19____

(Signature of witness)

Signed this _____ day of _____, 19____

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined,
(Name of employee)
on _____, 19____, at _____ m., and _____ disabled for work. Probable length of
(Was or was not)
disability will be _____ In my opinion disability _____ due to injury
(Was or was not)
on _____, 19____

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks _____

Signed this _____ day of _____, 19____

at _____

(Signature of medical officer)

(Title)

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARINER, FRED JACKSON			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION APR 19, 1955	
7. SEX M	8. RACE WHITE	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH MUNFORDVILLE, KY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS N.N.M.C.				16. OTHER INFORMATION		

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
-------------------------	------------------------------	-----------------

CLINICAL EVALUATION	
NORMAL	ABNOR- MAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. NOSE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. SINUSES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. G-U SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. FEET	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. PSYCHIATRIC (Specify any personality deviation)	

Females only	
(Check how done)	
43. PELVIC	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

23. Left - cicatrix - former perf.
No hearing defect N.C.D.

32. Asymp. tags - N.C.D.

36. To Ortho. for Thomas heels -
relaxed bilat. long. arches.

39. As before

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments																
I.—Nonrestorable teeth XXX.—Replaced by dentures																

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Calculus
No missing teeth
Torus mandibularus right side.

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E

45. URINALYSIS: SP. GR. 1.017			46. CHEST X-RAY (Place, date, film number, result)		
ALBUMIN	SUGAR	MICROSCOPIC	SEE REPORT 6566-55		
NEG	NEG	NEG	50. OTHER TESTS		
48. EKG		49. BLOOD TYPE AND RH FACTOR			
NORMAL					

47. SEROLOGY (Specify test used and result)
KAHN - NEGATIVE
2 MAY 23 1955
FEDERAL BUREAU OF INVESTIGATION

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 5'9"		52. WEIGHT 181		53. COLOR HAIR		54. COLOR EYES		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. N	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
SITTING		SYS. 114		RECUM-BENT		SYS.		STANDING (3 min.)		SYS.	
		DIAS. 78				DIAS.				DIAS.	
59. DISTANT VISION						60. REFRACTION			61. NEAR VISION		
RIGHT 20/		20		CORR. TO 20/		BY		S.		CORR. TO	
LEFT 20/		20		CORR. TO 20/		BY		S.		CORR. TO	
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD						63. ACCOMMODATION					
RIGHT		LEFT		64. COLOR VISION (Test used and result)		N		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
										CORRECTED	
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
		250		500		1000		2000		3000	
		250		512		1024		2048		3096	
RIGHT WV 15 /15 SV 15 /15											
LEFT WV 15 /15 SV 15 /15											
		RIGHT									
		LEFT									
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

Not over standard wts.- but recommend diet and removal of abdominal wt.

5-11-55 CHEST: Examination reveals that the previously noted density behind the heart shadow is merely calcification in the cartilagenous portion of the costo-condrdi junction of the anterior portion of the left 4th and 5th ribs. It is also noted that there is a small, somewhat calcific density 4 or 5 mms. in diameter in the right costophrenic sulcus. IMPRESSION: Healthy chest. /s/ GIL

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Relaxed longitudinal arches - bilat. suggest Thomas heels $\frac{1}{4}$ ", but will refer to Ortho.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT QUALIFIED FOR						78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER					
Strenuous physical exertion and use of firearms.											
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

ATTACHMENT TO STANDARD FORM 88
(Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee no qualified for strenuous physical
(is or is not)
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

no

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE SUBMITTED IN DETAIL.

b6
b7c

16 March 55
(Date)

ENCLOSURE 67-1

June 21, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am highly pleased with the accomplishments of the Internal Security Section in the underground field and I am writing to tell you I deeply appreciate the effective over-all guidance you have afforded this program.

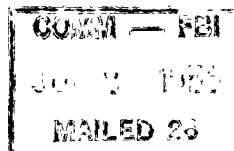
The improvements and advancements made by the Bureau in this field are directly attributable to your foresight, alertness and leadership. Please accept my personal commendation for your exemplary services.

Sincerely yours,

J. Edgar Hoover
cc: Mr. Belmont (Personal Attention)
LRH:rm
67-136594
(4)

Based on memo Edwards to Mohr 6/15/55, JBA:rm

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____



26 JUN 28 1955

RECEIVED - FBI
JUN 26 6 30 PM '55
IN 24

June 22, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am writing to tell you that
I sincerely appreciate your fine con-
tribution to the success of the recent
Operation Alert.

You certainly applied yourself
to this undertaking with a keen awareness
of its importance and a sincere desire to
make it a worth-while test of our operating
procedures. The service you have rendered
in this instance merits commendation.

Sincerely yours,
J. Edgar Hoover

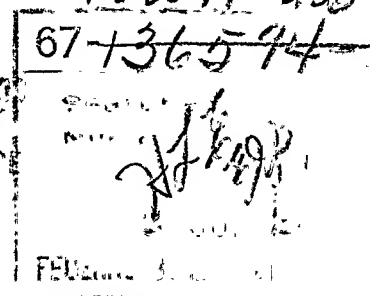
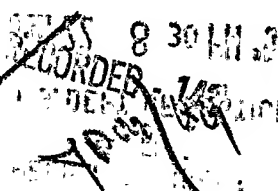
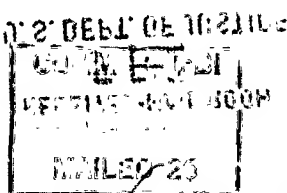
cc: Mr. Belmont (Personal Attention)

LRH:ilw³lw
(4)

Based on memo Harbo to Tolson 6/17/55 EDM:DMG.

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

26 JUN 28 1955



June 23, 1955

Personal and ~~Confidential~~

0
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

The investigation of the Labor
Management Relations Act case involving
Hugh Bryson was handled in a highly cred-
itable fashion.

By immediately recognizing the
importance of this case and closely fol-
lowing it to a successful conclusion you
have rendered a most valuable service. It
is a pleasure to express my appreciation
and commendation for the high calibre of
your performance in this instance.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:mlw
67-136594

RECORDED

(4)

Based on memo of Baumgardner to Belmont, 6/13/55
FJB:111:mam; Administrative Division addenda
6/22/55 JBA:bak.

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

67 JUL 12 1955

1. Agency and organizational designations U.S. Department of Justice Federal Bureau of Investigation					2. Pay roll period	3. Block No.	4. Slip No. <div style="text-align: right; font-weight: bold;">3712</div>				
5. Employee's name (and social security account number when appropriate) <div style="font-weight: bold; font-size: 1.2em;">J. J. ... 1171 ... SA</div>					6. Grade and salary <div style="font-weight: bold; font-size: 1.2em;">GS 11, 11,300</div>						
PAY ROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX.....	BOND	F. I. C. A.			NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:					11. Appropriation(s)		12. Prepared by			13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase					<div style="text-align: right; font-weight: bold; font-size: 1.5em;">71</div>						
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.							
7-17-55	1-17-54	11,100	11,300	<div style="text-align: right;"> (Signature or other authentication) </div>							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.				Initials of Clerk			
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP				<div style="text-align: center; font-weight: bold; font-size: 1.5em;">JUL 1 1955</div>							

STANDARD FORM NO. 1126d—Revised
 Form prescribed by Comp. Gen., U. S.
 Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

August 10, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I have noted with much interest the marked improvement in the handling of security matters which can be directly traced to the effective and comprehensive investigative practices and techniques furnished to the field on June 1, 1954.

I feel that you are particularly deserving of commendation at this time as I realize that you initiated and directed the survey in the field from which these investigative practices and techniques evolved. I want you to know I am most appreciative of your efforts in this direction.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:js
67-136594
(4)

Based on memo Belmont to Boardman 8/3/55 VPK:dlj.

June 1, 1954 - SAC Letter #54-28.

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

COMM - FBI

AUG 11 1955

MAILED 24

October 5, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am taking this means to advise you of my appreciation for your excellent supervision of the activities of the Chicago Division which resulted in the development by agents of that office in a number of highly confidential sources of information of value in the investigation of certain security matters.

It is apparent from the success achieved that you furnished the Chicago Division considerable helpful guidance and counsel. Please accept my personal commendation for your valuable services.

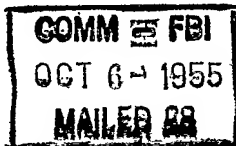
Sincerely yours,
J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

LRH:js
67-136594
(4)

Based on memo Edwards to Mohr 9/29/55

Tolson _____
Boardman _____
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OCT 12 1955

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FBI
OCT 6 10 30 AM '55
250
HOLLAND

November 17, 1955

~~Personal and Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am pleased to write you at this time to tell you of my gratification with your very competent work on an involved special project recently completed in the Domestic Intelligence Division.

The excellent organization and coordination with which this matter was handled reflect a great deal of credit upon you as the section chief responsible for its over-all supervision. I am aware of the complexity of this task and feel it was carried out with exemplary care and thoroughness. You are indeed to be commended.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

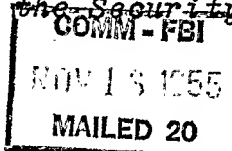
MOL:mol
67-138594
(4)

Based on memo Edwards to Mohr 11/9/55 CRD:mjf/rmr

SA Baumgardner was section chief responsible for supervision of the Security Index Review project.

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Mohr _____
Parsons _____
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Tele. Room _____
Holloman _____
Gandy _____

53 NOV 28 1955



December 4, 1955

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

[Handwritten signature]

Dear Mr. Baumgardner:

I am indeed happy to join your many friends and associates who are extending congratulations to you on the occasion of your Sixteenth Anniversary with the FBI. It should be a source of real pride and satisfaction to you, as it is to me, that you have always given loyal and devoted service in the endeavor to which we in the Bureau are all dedicated. I hope it will be possible for you to continue your career in the FBI for many years to come.

Sincerely,

15/ J. Edgar Hoover

JEH:tlc:c
[Handwritten initials]

100-3-4-255

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Tele. Room _____
Holloman _____
Gandy _____

SENT FROM D. O.	
TIME	7:02 AM
DATE	12-5-55
BY	<i>[Handwritten signature]</i>

[Handwritten signature]

DEC 7 1955

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

December 13, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am taking this opportunity to
express my appreciation and commendation
for the fine work you did during the recent
alert test.

I am well aware of the fact you
were called upon to carry out your assign-
ments under unusual conditions, and I feel
the manner in which you served the Bureau
on this occasion is most deserving of special
recognition.

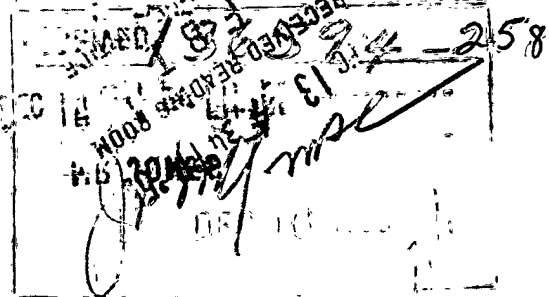
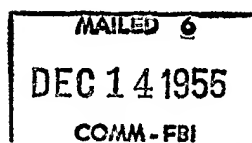
Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

MOL:mol
67-136594
(4)

Based on memo Belmont to Director 12/8/55 CEH:LL



67 DEC 19 1955

to
Mr. Tolson
Mr. E. A. Tamm
Mr. Clegg
Mr. Glavin
Mr. Ladd
Mr. Nichols
Mr. Rosen
Mr. Tracy
Mr. Carson
Mr. Egan
Mr. Gurnea
Mr. Harbo
Mr. Hendon
Mr. Pennington
Mr. Quinn
Mr. Nease
Miss Gandy

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

December 22, 1955

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

You deserve a great deal of credit for the success of a program which has enabled the Bureau to obtain considerable information relative to internal security matters, and I want to take this opportunity to commend you.

The handling of this program has reflected intelligence, imagination and initiative, and it is a pleasure to let you know of my sincere appreciation for the notable results which you and your associates have accomplished.

Sincerely yours,

J. Edgar Hoover

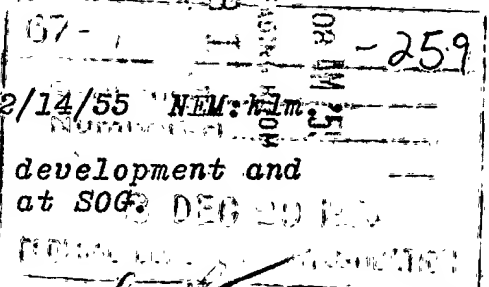
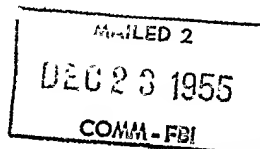
CC: Mr. Belmont (Personal Attention)

MOL:js
67-136594
(4)

Based on memo Edwards to Mohr 12/14/55 NEM:kjm

Section Chief Baumgardner guided development and handling of Panel Source Program at SOG

Tolson _____
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Parsons _____
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Tele. Room _____
Holloman _____
Gandy _____



53 JAN 3 1956

January 12, 1956

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

A great deal of credit has come to the Bureau as a result of the successful conclusion of the Labor Management Relations Act case involving Maurice Eugene Travis, and I feel that your handling of this matter contributed much to the success achieved.

Your recognition of the importance of the case, close attention to its progress, and capable guidance were materially responsible for the high calibre of the investigation and the favorable outcome. I want you to know of my appreciation and commendation.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:cls
67-136594
(4)

Based on memo Baumgardner to Belmont 12-28-55 RB:111
and Addendum of Administrative Division CRD: 1-4-56

Tolson _____
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MAILED 2

JAN 13 1956

COMM - FBI

53 JAN 20 1956

67-

2 JAN 18 1956

FEDERAL BUREAU OF INVESTIGATION

January 31, 1956

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am certainly pleased with the fine work done in the preparation of certain detailed information on an important and delicate situation and with your handling of this matter.

You are especially to be commended for the initiative and intelligence you exercised in originally conceiving the idea for this project. I do not want to let this opportunity pass without telling you how much I appreciate the obvious thought you have given to this problem and your tireless devotion to duty in working many hours of voluntary overtime, particularly on the New Year's holiday weekend, to assure completion of the material.

Sincerely yours,

CC: Mr. Belmont (Personal Attention)

MOL:cls

67-136594

(4)

Based on memo Belmont to Boardman 1-20-56 FJB:1jf

Section Chief Baumgardner originally conceived idea for "Racial Situation" document disseminated 1-3-56.

53 FEB 7 1956

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264

Gm

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 07-06-2010

March 13, 1956

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

Recognition and commendation are certainly due you with respect to the very creditable handling of the investigation of the National Council of American-Soviet Friendship, Incorporated.

I feel that you supervised the preparation of this important case in an unusually effective fashion, and I do not want to let this occasion pass without expressing to you in this way my satisfaction and appreciation.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL: mol
67-136594
(4)

Based on memo Baumgardner to Belmont 2/28/56 WCT:bas
and Addendum of Administrative Division CRD:js 3/7/56

Tolson _____
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39 MAR 22 1956

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FBI
MAR 13 12 42 PM '56
U.S. DEPT. OF JUSTICE

136594-265

Handwritten signatures and initials:
V...
CRD
J...
W...

April 6, 1956

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am availing myself of this opportunity to express my satisfaction for the high calibre of the supervision you afforded the cases involving the Smith Act subjects who were just tried in the New Haven Division.

The favorable results are indicative of the effective direction and guidance provided the field by the Internal Security Section during the course of this lengthy investigation. I want you to know how much I appreciate your capable handling of your responsibilities in this respect.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

COMM - FBI

APR 9 - 1956

MAILED 20

RMB
Tolson _____
Boardman _____
Nichols _____
Belmont _____
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Holloman _____
Gandy _____

MOL:mol
67-136594
(4)

Based on memo Edwards to Mohr 4/4/56 NEM:rmr

RECEIVED AT 11:00 AM

APR 6 3 10 PM '56

APR 12 1956

ST

V. J. [Signature]

[Signature]

CP

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME. BAUMGARDNER, FRED JACKSON		2. GRADE AND COMPONENT OR POSITION Special Agent	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 3-28-56
7. SEX Male	8. RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8-12-11	
13. PLACE OF BIRTH Munfordville, Ky.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS N.N.M.C.		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION (Check each item in appropriate column: enter "N. E." if not evaluated)		

NORMAL	ABNORMAL	
<input checked="" type="checkbox"/>		18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>		19. NOSE
<input checked="" type="checkbox"/>		20. SINUSES
<input checked="" type="checkbox"/>		21. MOUTH AND THROAT
<input checked="" type="checkbox"/>		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>		23. DRUMS (Perforation)
<input checked="" type="checkbox"/>		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
<input checked="" type="checkbox"/>		25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>		26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>		28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>		29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>		30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>		31. ABDOMEN AND VISCERA (Include hernia)
	<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>		33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>		34. G-U SYSTEM
<input checked="" type="checkbox"/>		35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>		36. FEET
<input checked="" type="checkbox"/>		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>		38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>		40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>		41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>		42. PSYCHIATRIC (Specify any personality deviation)

Large skin tag, slight tenderness NCD

Females only (Check how done)	
43. PELVIC	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O.—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments /—Nonrestorable teeth XXX—Replaced by dentures																No missing teeth	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	F
H																	T

LABORATORY FINDINGS			67-574-268	
45. URINALYSIS: SP. GR. 1.011			46. CHEST X-RAY (Place, date, film number, result)	
ALBUMIN	SUGAR	MICROSCOPIC	Negative 46577	
Neg.	Neg.	Neg.	Kahn, Negative	
48. EKG			49. BLOOD TYPE AND RH FACTOR	
Normal			50. OTHER TESTS	
JUN 19 1961			10 JUN 19 1956	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68	52. WEIGHT 170	53. COLOR HAIR Gray B. I.	54. COLOR EYES Blue	55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMP.
57. BLOOD PRESSURE (Arm at heart level) SITTING SYS. 118 DIAS. 70 RECUMBENT SYS. DIAS. STANDING (3 min.) SYS. DIAS. 114 72					
58. PULSE (Arm at heart level)					
59. DISTANT VISION RIGHT 20/20 CORR. TO 20/ LEFT 20/20 CORR. TO 20/			60. REFRACTION BY S. CX BY S. CX		
61. 0.62M			NEAR VISION CORR. TO 5 BY CORR. TO 5 BY		
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD-					
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) AOC 1940 18/18		65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS	
69. INTRAOCULAR TENSION					
70. HEARING RIGHT WV 15 /15 SV /15 LEFT WV 15 /15 SV /15		71. AUDIOMETER 250 500 1000 2000 3000 4000 8000 256 512 1024 2048 2896 4096 8192 RIGHT LEFT			
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

32 Pain in rectum - difficulty with wiping at times

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

32 Skin tags

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) Proctology		76. PHYSICAL PROFILE P U L H E S A B C E					
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT		78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER b6 b7c					
79. TYPED OR PRINTED NAME OF PHYSICIAN CAPT, MC, USN		SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE b6 b7c					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE NUMBER OF ATTACHED SHEETS					

CLINICAL RECORD

CONSULTATION SHEET

TO:

Proctology

FROM:

Staff Clinic

DATE OF REQUEST:

28 Mar. 56

REASON FOR REQUEST:

c.c. Pain in rectum.

Some pain with b.m., and when sitting for long time - has skin tag on anus.

Finds it difficult to clean rectum after b.m.

b6
b7C

PROVISIONAL DIAGNOSIS:

DU

DOCTOR'S SIGNATURE:

[Redacted Signature Box]

CONSULTATION REPORT

6-8-56 Small external hemorrhoid and few internal hemorrhoids of no surgical significance. Sigmoidoscopy to 7" otherwise neg. Symptoms suggest a fissure which has healed. Difficulty in keeping clean not on anatomical basis. May be related to diet.

b6
b7C

[Redacted Signature Box]

PATIENT'S NAME:

BAUMGARDNER, Fred J.

Staff Clinic

67-111-1

ATTACHMENT TO STANDARD FORM 88
(Revised December 5, 1955)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (Item 71, audiometer examinations, should be afforded whenever possible.)
17	
62	
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical exertion. (Designate which)
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? Does examinee have any defects prohibiting safe operation of motor vehicles?

No

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

(Signature of Medical Examiner)

JUN 12 1956

(Date)

BAUMGARDNER, F. J.

17-13

b6
b7C

July 26, 1956

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I would like to extend to you my
personal commendation for the part which you
had in the success of the recent Operation
Alert.

Your capable services were indeed a
factor in the successful handling of the over-
all operation. You deserve recognition for
your devotion to duty and the generally high
calibre of your performance.

Sincerely yours,

CC: Mr. Belmont (Personal Attention)

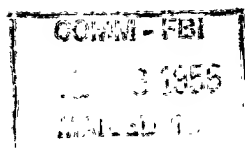
MOL:hwc

(4)

Based on memo Belmont to Mohr 7/26/56 AHB:11

JUL 26 1 16 PM '56
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U.S. DEPT OF JUSTICE

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Belmont _____
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Mohr _____
Parsons _____
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Tamm _____
Nease _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____



December 4, 1956

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I want to send my congratulations
on your Seventeenth Anniversary with the Bureau
and to say how proud I am of the many contribu-
tions you have made to the growth of this organiza-
tion. I am sure the years to come will be as
satisfying as those that have passed.

Sincerely,

/s/ J. Edgar Hoover

NOT SPECIAL AGENT

SENT FROM	D. O.
DATE	9-11-56
DATE	12-4-56
BY	JED

13-1-273

Tolson _____
Nichols _____
Boardman _____
Belmont _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
Nease _____
Tele. Room _____
Holloman _____
Gandy _____

JEH:eh

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME Baumgardner, Fred Jackson		2. GRADE AND COMPONENT OR POSITION Special Agent	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 3-26-57
7. SEX M	8. RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8-12-11	
13. PLACE OF BIRTH Munfordsville, Ky.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Bethesda		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
-------------------------	------------------------------	-----------------

CLINICAL EVALUATION	
NORMAL	ABNOR- MAL
	(Check each item in appropriate column; enter "N. E." if not evaluated)
	18. HEAD, FACE, NECK, AND SCALP
	19. NOSE
	20. SINUSES
	21. MOUTH AND THROAT
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
	23. DRUMS (Perforation)
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
NE	25. OPHTHALMOSCOPIC
	26. PUPILS (Equality and reaction)
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
	28. LUNGS AND CHEST (Include breasts)
	29. HEART (Thrust, size, rhythm, sounds)
	30. VASCULAR SYSTEM (Varicosities, etc.)
	31. ABDOMEN AND VISCERA (Include hernia)
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
	33. ENDOCRINE SYSTEM
	34. G-U SYSTEM
	35. UPPER EXTREMITIES (Strength, range of motion)
	X 36. FEET
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
	38. SPINE, OTHER MUSCULOSKELETAL
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
	40. SKIN, LYMPHATICS
	41. NEUROLOGIC (Equilibrium tests under item 72)
	42. PSYCHIATRIC (Specify any personality deviation)
Females only (Check how done)	
	43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Small area of eruption on sole of foot

Fungus pow'd.
Fungus ung.

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)	REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
<div>Restorable teeth Nonrestorable teeth</div> <div>X—Missing teeth XXX—Replaced by dentures</div> <div>(6 X 8)—Fixed bridge, brackets to include abutments</div>	

Meets Dental Standards

R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	

45. URINALYSIS: SP. GR. 1.020			46. CHEST X-RAY (Place, date, film number, result)		47. SEROLOGY (Specify test used and result)	
ALBUMIN Neg.	SUGAR Neg.	MICROSCOPIC Negative	Negative 48709		Kahn Negative	
48. EKG Normal		49. BLOOD TYPE AND RH FACTOR 1113	50. OTHER TESTS			

MEASUREMENTS AND OTHER FINDINGS																																			
51. HEIGHT 68		52. WEIGHT 178		53. COLOR HAIR Gray		54. COLOR EYES Green		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP.																									
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																													
SITTING SYS. 128* DIAS. 72		RECUM. BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 74		AFTER EXERCISE		2 MIN. AFTER																									
59. DISTANT VISION		60. REFRACTION				61. 1.25M NEAR VISION																													
RIGHT 20/20 CORR. TO 20/		BY S. CX				20		CORR. TO 5		BY																									
LEFT 20/20 CORR. TO 20/		BY S. CX				20		CORR. TO 5		BY																									
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																			
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) AOC 1940 18/18				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED CORRECTED																											
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																											
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																											
RIGHT WV 15 /15 SV 15 /15 LEFT WV 15 /15 SV 15 /15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>250 258</th> <th>500 512</th> <th>1000 1024</th> <th>2000 2048</th> <th>3000 2896</th> <th>4000 4096</th> <th>8000 8192</th> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> </table>							250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	RIGHT								LEFT											
	250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192																												
RIGHT																																			
LEFT																																			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																			

History of soreness of throat, especially in am

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT						78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER Strenuous Physical Exertion and use of firearms. b6 b7C					
79. TYPED OR PRINTED NAME OF PHYSICIAN CAPT, MC USN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

ATTACHMENT TO STANDARD FORM 88
(Revised July 25, 1956)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (Item 71, audiometer examinations, should be afforded whenever possible.)
17	
62	
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS
OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical exertion. (Designate which)
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? ☐ Yes ☒ No

2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☐ Yes ☒ No

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING
TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

b6
b7C

APR 4 1957

(Date)

BAUMGARDNER, F. J.

1. Agency and organizational designations FBI, U. S. Dept. of Justice				2. Pay roll period		3. Block No.		4. Slip No. 14370	
5. Employee's name (and social security account number when appropriate) MR. J. D. FURNITURE Supervisory CA 11914				6. Grade and salary GS 15 \$12,420					
PAY ROLL CHANGE DATA									
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal									
8. New normal									
9. Pay this period									
10. Remarks:					11. Appropriation(s)			12. Prepared by	
								13. Audited by WVC	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase									
14. Effective date 1-13-57	15. Date last equivalent increase 7-17-55	16. Old salary rate \$12,150	17. New salary rate \$12,420	18. Performance rating is satisfactory or better. <div style="text-align: center;">65 _____ (Signature or other authentication)</div>					
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):				<input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.					
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____				WVC _____ Initials of Clerk					
STANDARD FORM NO. 1126d—Revised Form prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulations No. 102									
PAY ROLL CHANGE SLIP—PERSONNEL COPY									

August 26, 1957

Personal and ~~Confidential~~

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I want to extend recognition to you for your competent over-all supervision at the Seat of Government of the investigation of an organization of the utmost importance to the Bureau in the security field.

I am most impressed by the excellent investigation conducted and feel that the success attained in this involved and protracted case can be attributed in large measure to your capable over-all correlation and close supervision. It is a pleasure to commend you.

Sincerely yours,
J. Edgar Hoover

COMM - FBI

MAILED 31

CC: Mr. Belmont (Personal Attention)
Re memo Baumgardner to Belmont 8/13/57 and Addendum
AHB:IL8/14/57. Re Civil Rights Congress, Internal Security - C.

CRD:hwc
67-136594

(4)

MAIL ROOM ☐

PLEASE DO NOT MUTILATE THESE FORMS IN ANY WAY.

(Fred J. Baumgardner)

Bulet 10-17-57
Forms sent
to BEC----

JWM *gum*

11 OCT 22 1957

gum

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

Date of this notice October 2, 1957

1. I hereby certify that I am employed as a Special Agent
(Occupation)
at the Federal Bureau of Investigation
(Place of employment)
and on Tuesday, October 1, 1957, at 11:00 a. m.
(Day of week) (Date) (Hour, a. m. or p. m.)
I was injured in the performance of my duties at FBI Gymnasium
(Location where injury occurred)

2. Cause of injury During supervised calisthenics a sudden turn of
(Describe as best you can how and why injury occurred)
the head resulted in the injury to the neck.

3. Nature of injury neck injury
(Name part of body affected—fractured left leg, bruised right thumb, etc.)

4. Names of witnesses to injury James F. Bland
Howard Meyers

5. If this notice was not given within 48 hours after the injury, explain reason for delay and state name of person to whom notice was first given, and when
Notice was given to Howard Meyers, gymnasium instructor,
at time of injury.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

Name Fred J. Baumgardner
Address 3104 Martha Custis Drive
(Street and number)
Alexandria, Virginia
(City or town) (State)

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department	<u>Dept. of Justice</u>		2. Bureau or office	<u>Federal Bureau of Investigation</u>		
	3. Place of employment	<u>Justice Bldg.</u>		<u>Washington, D. C.</u>			
	4. Reporting office	<u>Justice Building, Washington, D. C.</u>					
	5. Name of superintendent or foreman in charge when injury occurred	<u>Howard Meyers - instructor</u>					
The injured employee	6. Name of injured employee	<u>Fred J. Baumgardner</u>		7. Age	<u>46</u>	8. Sex	<u>Male</u>
	9. Race	<u>White</u>		10. Home address	<u>3104 Martha Custis Drive Alexandria Virginia</u>		
	11. Occupation and division	<u>Special Agent - FBI</u>			12. Was employee doing his regular work?	<u>Yes</u>	
	13. Total length of service with the Government as a civilian?	<u>17 years</u>					
	14. How long at present work in this establishment?	<u>10 years</u>					
	15. Dates of other injuries	<u>None</u>					
	16. Rate of pay on date of injury, \$ _____ per _____	{ and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____					
	17. Employee begins work at <u>9:00</u> a. m.	18. Regular day's work ends	<u>5:30</u> p. m.				
	19. Hours worked per day <u>8</u>	20. Days paid per week					
	The injury	21. Place where injury occurred	<u>FBI Gymnasium</u>				
22. Date of injury		<u>October 1</u>	19 <u>57</u>	day of week	<u>Tuesday</u>		
23. Date employee stopped work		<u>Did not stop work except for short visit to Pub. Health Dr.</u>					
24. Date employee's pay stopped		<u>Pay not stopped as employee returned to work.</u>					
25. Has employee returned to work?		<u>Yes</u>					
26. Will employee receive pay for any portion of above absence on account of:		<u>Employee's pay not affected.</u>					
(a) Annual leave							
(b) Sick leave							
(c) Any other reason							
27. Describe in full how injury occurred		<u>During supervised calisthenics a sudden turn of the head resulted in the injury to the neck.</u>					
28. State part of body injured and nature and extent of injury		<u>neck injury</u>					
29. Did injury cause loss of any member or part of member?		<u>No</u>					
30. Was employee injured while in performance of duty?		<u>Yes</u>					
31. Was injury caused by:							
(a) Willful misconduct of the employee?		<u>No</u>					
(b) Intention of employee to bring about injury or death of himself or another?	<u>No</u>						
(c) Employee's intoxication?	<u>No</u>						
32. Was written notice of injury given within 48 hours?	<u>Yes</u>						
33. Names and addresses of witnesses to injury	<u>James F. Bland and Howard Meyers -- both addresses: c/o FBI, Dept. of Justice Bldg., Washington, D. C.</u>						
34. Was injury caused by a third party other than a Government employee or agency?	<u>No</u>						
35. Name and address of physician who first attended case	<u>Dr. Costimono, Public Health</u>						
36. How soon after injury?	<u>October 2, 1957 (AM)</u>						
37. To what hospital sent?	<u>None</u>						
38. Name and address of physician now attending case	<u>None</u>						
39. Signed this	<u>2nd</u> day of <u>October</u> , 19 <u>57</u>						
at	<u>Washington, D. C.</u>						

NOVEMBER 14, 1957

J. Edgar Hoover
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

From reports received the series of conferences on training of Bureau personnel in the development and handling of security informants were very well conducted and this was due in large measure to the prominent part assumed by you.

I realize that conferences of this nature require thorough and detailed advance preparation as well as extreme enthusiasm by each member of the team of Bureau officials who participates. Each member of this team you did an exceptionally fine job and are certainly deserving of commendation.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Belmont (Personal Attention)

Tolson _____
Nichols _____
Boardman _____
Belmont _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
Nease _____
Tele. Room _____
Holloman _____
Gandy _____

MAIL ROOM ☐

CRD:let
(4)
67-136594

NOV 18 1957
FBI
RECEIVED
NOV 17 1957

NOV 17 1957
FBI
RECEIVED
NOV 17 1957

March 11, 1958

PERSONAL

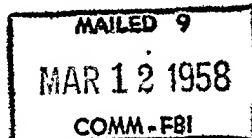
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I was most gratified with the successful culmination of the retrial of Smith Act subject Junius Irving Scales and I am taking this means to extend my appreciation to you for your able supervision and direction of the matter.

Many difficult problems arose during the preparation of this complicated case for trial which you resolved with intelligence and dispatch. I feel your direction of this case was a major factor in the results achieved and it is a real pleasure to commend you.

Sincerely yours,



1 - Mr. Belmont (Personal Attention)

LRH:ksr

(4)

67-136594

Tolson _____
Nichols _____
Boardman _____
Belmont _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
Nease _____
Tele. Room _____
Holloman _____
Gandy _____

MAIL ROOM ☐

MAR 11 3 19 PM '58
REC'D - TELE. ROOM
FBI

Office Memorandum • UNITED STATES GOVERNMENT

TO : DIRECTOR, FBI

FROM : A. H. BELMONT *ahb*

SUBJECT: FRED J. BAUMGARDNER

DATE: February 19, 1958

ATTITUDE

The purpose of this memorandum is to report that the captioned employee reported for work on 2-18-58, notwithstanding the extremely hazardous travel conditions. In accordance with the Director's instructions this is to be made a matter of record in the employee's personnel file and considered as a COMMENDATION.

On Saturday, 2-15-58, the Washington, D. C., area was blanketed by fourteen inches of snow as a result of a storm which the Weather Bureau termed the worst that has struck this area in twenty-two years. Thereafter, high winds and near zero temperatures set in for several days making travel conditions extremely hazardous.

On Monday, 2-17-58, in recognition of the hardships and hazards that Federal Government employees would face in coming to work, a White House announcement was made encouraging such employees to stay home and take a day of annual leave. During the late afternoon of 2-17-58, a further official announcement emanated from the White House instructing that all Government employees who were not considered essential would be excused from work on 2-18-58 on Administrative Leave.

The captioned employee considered his work and his services to the FBI so essential that in spite of the foregoing announcement he took it upon himself to come to work and perform his regularly assigned duties. This is considered a highly exemplary attitude on the part of this employee and his actions in this instance certainly demonstrate his devotion to duty and the fact that he places his employment with the FBI above his personal convenience.

RECOMMENDATION:

That this memorandum be placed in the employee's personnel file.

December 4, 1957

PERSONAL

Dear Mr. Baumgardner:

On today, your Eighteenth Anniversary with the Federal Bureau of Investigation, may I extend to you my heartiest congratulations and every good wish. During your years of service, you have always been dedicated in the performance of your duties and have rendered a worthwhile contribution to the accomplishments of the Bureau. It is my sincere hope that you will continue your career in the service for many more years.

Sincerely,

J. Edgar Hoover

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

JEH:tlc

Tolson _____
Nichols _____
Boardman _____
Belmont _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
Nease _____
Tele. Room _____
Holloman _____
Gandy _____

SENT FROM D. O.	
TIME	2:02 PM
DATE	12/12/57
BY	124

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or print) <u>Bowman, Fred Jackson</u>		2. GRADE AND COMPONENT OR POSITION <u>Section Chief</u>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <u>Annual</u>	6. DATE OF EXAMINATION <u>Mar. 14, 1953</u>
7. SEX <u>M</u>	8. RACE <u>White</u>	9. TOTAL YRS. GOVT. SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/>	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH <u>3-12-11</u>	
13. PLACE OF BIRTH <u>Kentucky</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>W. W. C.</u>		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
-------------------------	------------------------------	-----------------

CLINICAL EVALUATION	
NORMAL	ABNORMAL
	(Check each item in appropriate column: enter "N. E." if not evaluated)
	18. HEAD, FACE, NECK, AND SCALP
	19. NOSE
	20. SINUSES
	21. MOUTH AND THROAT
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
	23. DRUMS (Perforation)
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
<u>NE</u>	25. OPHTHALMOSCOPIC
	26. PUPILS (Equality and reaction)
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
	28. LUNGS AND CHEST (Include breasts)
	29. HEART (Thrust, size, rhythm, sounds)
	30. VASCULAR SYSTEM (Varicosities, etc.)
	<u>X</u> 31. ABDOMEN AND VISCERA (Include hernia)
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
	33. ENDOCRINE SYSTEM
	34. G-U SYSTEM
	<u>X</u> 35. UPPER EXTREMITIES (Strength, range of motion)
	36. FEET
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
	38. SPINE, OTHER MUSCULOSKELETAL
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
	40. SKIN, LYMPHATICS
	41. NEUROLOGIC (Equilibrium tests under item 72)
	42. PSYCHIATRIC (Specify any personality deviation)
Females only (Check how done)	
	43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Tender to palpating finger in rt. inguinal ring—no protrusion - 2 tenderness along appendectomy scar.
Tender in rt. hand between 2nd & 3rd metacarpals

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O.—Restorable teeth I.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments		<u>Meets dental standards</u>
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	<u>1565-287</u>

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. <u>1.020</u>		46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC	
<u>neg.</u>	<u>neg.</u>	<u>neg.</u>	<u>neg. Kahn 3 VIT</u>
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS
<u>within normal limits</u>			<u>see reports</u>

21 JUN 19 1953

Hand 4341 (6-19-61)

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 68		52. WEIGHT 172		53. COLOR HAIR Blonde-gray		54. COLOR EYES Blue		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. 98	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (.1rm at heart level)					
SITTING SYS. 120 DIAS. 82		RECUM- BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 86		AFTER EXERCISE		2 MIN. AFTER	
59. DISTANT VISION				60. REFRACTION				61. .75m NEAR VISION			
RIGHT 20/ CORR. TO 20/				BY S. CX				CORR. TO 20-10 BY			
LEFT 20/ CORR. TO 20/				BY S. CX				CORR. TO 20-16 BY Lenses			
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD											
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) 1946 ACC 18 X 18				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV 7/15 SV 1/15		250 500 1000 2000 3000 4000 8000 256 612 1024 2048 2896 4096 8192									
LEFT WV 15 1/15 SV 15 1/15		RIGHT LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Pains in neck - right arm; pain in l. r. q. seems in region of appendectomy scar.

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

74. Cervical arthritis NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE					
1. x-ray cervical vertebrae & rt. hand						P U L H E S					
2. Check urinalyses - 2 G. I. Series requested Mar. 28, 1958											
77. EXAMINEE (Check) 24 Mar. 58						PHYSICAL CATEGORY					
<input checked="" type="checkbox"/> IS QUALIFIED FOR Strenuous Physical Exertion						A B C E					
<input type="checkbox"/> IS NOT QUALIFIED FOR and use of Firearms.											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						b6 b7C					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
[Redacted], CAPT, MC, USN						[Redacted]					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
						b6 b7C					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
						[Redacted]					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

PATIENT'S NAME—FIRST NAME—MIDDLE NAME

REGISTERED

WARD NO.

Staff Clinic

BAUMGARDNER, Fred Jackson *JB*

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

Allow space for mechanical imprinting, if used

Dr.

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

b6

b7C

FILM NO.

7643-58

DATE OF REPORT

RADIOGRAPHIC REPORT

3/14/58 CERVICAL SPINE: There is noted minimal arthritic changes about the covertebral joints of C4, 5. The oblique views do not show encroachment into the neural foramina. The vertebral bodies and interspaces are well maintained in height and alignment.

RIGHT HAND: Negative study. "J"/hcb

b6

b7C

DEPARTMENT OF RADIOLOGY

U.S. NAVAL HOSPITAL

NATIONAL NAVAL MEDICAL CENTER

BETHESDA 14, MARYLAND

S/ EJM

LT "C" USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

S/ GRJ

GPO c9-16-56906-37

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular 4-32 (Rev.)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT

PATIENT'S NAME—FIRST NAME—MIDDLE NAME BAUNGARDNER, Fred J. FBI		REGISTER	WARD NO. Staff Clinic
AGE	SEX	(Check one) <input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	
EXAMINATION REQUESTED			
REQUESTED BY Dr.		DATE OF REQUEST	

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO. 7643-5	DATE OF REPORT
------------------------	----------------

RADIOGRAPHIC REPORT

3/24/58 G. I. SERIES: At fluoroscopy no abnormality of the esophagus, stomach, or duodenum was identified. Subsequent spot and follow up films do not reveal any abnormality. Serial films taken over a three hour period do not reveal any abnormality of the small bowel. At the end of three hours the head of the barium meal is at the hepatic flexure. No abnormality is identified in the terminal ileum or proximal large bowel.

IMPRESSION: Normal esophagus, stomach, and small bowel, and duodenum.

JCO/dmc

S/ JCO

DEPARTMENT OF RADIOLOGY

U.S. NAVAL HOSPITAL

NATIONAL NAVAL MEDICAL CENTER

BETHESDA 14, MARYLAND

SIGNATURE: (Specify location of signature and part of requesting facility)

GPO c9-16-56906-5†

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

7-1-11-11-11

Baumgardner, Fred Jackson - 7972

ATTACHMENT TO STANDARD FORM 88
(Revised July 25, 1956)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (Item 71, audiometer examinations, should be afforded whenever possible.)
17	
62	
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee 15 qualified for strenuous physical exertion. (Designate which)
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? ☐ Yes ☒ No
2. Does examinee have any defects prohibiting safe operation of motor vehicles? ☐ Yes ☒ No

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

(Signature of Medical Examiner)

MAR 28 1958

(Date)

b6
b7c

June 13, 1958

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I want to take this opportunity to express my sincere appreciation for your splendid over-all supervision of the Smith Act case involving John Cyril Hellman.

Through your effective guidance and direction you played a most important part in the successful conclusion of this case. I am aware that you held several conferences to promptly resolve problems which arose during Hellman's trial. You displayed excellent judgment and competence and I am pleased to commend you.

Sincerely yours,

J. Edgar Hoover

RECORDED - 12

1 - Mr. Belmont (Personal Attention)

AFH:jfn
(4)
67-136594

Tolson _____
Boardman _____
Belmont _____
Mohr _____
Nease _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
Clayton _____
Tele. Room _____
Holloman _____
Gandy _____

MAIL ROOM ☐

JUN 18 2 42 PM '58
REC'D-READING ROOM
FBI

HLE PC

September 12, 1953

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

In recognition of your outstanding supervision and guidance at the Seat of Government of a project of the greatest importance to the Bureau in the security field, I am especially happy to advise you that I have approved an incentive award for you. Enclosed is a check in the amount of \$164.00, which represents an award of \$200.00 less withholding tax.

You approached this difficult problem most enthusiastically and provided excellent over-all supervision and guidance to its many facets. The successful completion of this project is a particularly noteworthy achievement in the security field and can be attributed in no small degree to your superb performance. It is a distinct pleasure to extend this recognition to you.

SENT FROM D. O.
TIME 3:30 PM
DATE 9-12-53
BY [Signature]

Sincerely yours,
J. Edgar Hoover

Enclosure

1 - Mr. Belmont (Personal Attention) Enclosure

Re: Solo, Internal Security - C. In the event it is not possible for the Director to personally present this award, it should be presented by you personally, or should the presentation be unreasonably delayed by your absence, the official acting for you should present it.

1 - Mr. [Redacted] (Sent Direct)

AFH:ksr

(5)

MAIL ROOM 65-136594 Award #65-59

Tolson _____
Boardman _____
Belmont _____
Mohr _____
Nease _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
Clayton _____
Tele. Room _____
Holloman _____
Gandy _____

b6
b7C

1. Agency and organizational designations F.B.I., U.S. Dept. of Justice	2. Pay roll period	3. Block No.	4. Slip No.
---	--------------------	--------------	-------------

5. Employee's name (and social security account number when appropriate) 11924 17. F.B.I. MAINTENANCE Supv. CA	6. Grade and salary GS 15 XXXXX \$13,970
--	---

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks: (57)	11. Appropriation(s)	12. Prepared by
		13. Audited by

☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase

14. Effective date 7-12-57	15. Date last equivalent increase 1-12-57	16. Old salary \$13,670 XXXXX	17. New salary \$13,970 XXXXX	18. Performance rating is satisfactory or better. J. E. Hoover (Signature or other authentication)
--------------------------------------	---	---	---	---

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____	(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. 1/307 Initials of Clerk
---	---

31

Office Memorandum • UNITED STATES GOVERNMENT

TO : MR. J. P. MOHR

DATE: August 29, 1958

FROM : MR. A. H. BELMONT

SUBJECT: RECOMMENDATION FOR INCENTIVE AWARD

Name of Employee FRED J. BAUMGARDNER	Where Assigned INTERNAL SECURITY	Payroll Number 11914
Position, Grade and Salary SPECIAL AGENT, GS-15, \$13,970 PER ANNUM		EOD Date 12-4-39

AMOUNT recommended: \$200 (Consult scale on reverse side in determining amount of award.)

BASIS for this recommendation is as follows: (Check one or more as facts justify.)

- ☒ 1. Sustained above-average performance for such period of time as would be reasonable under the circumstances, that merits recognition. (Point out specifically how performance is considered superior. Use examples and illustrations wherever possible. In addition to results attained advise what employee has done to achieve outstanding results.)
- ☐ 2. Exemplary performance of assigned tasks whereby previously unattained records of production are achieved. (Set forth production record with appropriate comparisons.)
- ☐ 3. Exemplary or courageous handling of an emergency situation in connection with or related to official employment. (Describe in detail, listing specific risks or dangers involved and results achieved.)
- ☐ 4. Ideas which have resulted in improved operations. (Summarize ideas and specific improvements therefrom. Set forth first year's net savings, if any, and how computed.)
- ☒ 5. Performance which has involved the overcoming of unusual difficulties. (List specific obstacles, problems, hardships, sacrifices, etc., as well as unusual investigative techniques utilized with results achieved, setting forth precisely how employee overcame obstacles, etc.)
- ☐ 6. Creative efforts, including inventions or techniques, which have increased efficiency, or improved the service. (Describe in detail listing benefits and/or savings resulting.)

JUSTIFICATION: (Set forth below, and attach supplemental page(s) as necessary, a clear, concise report of employee's performance in justification of award. Be specific and omit generalities. Give facts, not conclusions. Not only advise what was accomplished, but how it was accomplished, placing emphasis on performance. Remember that these justifications must be adequate. They may be subject to post-audit outside the Bureau but do not withhold information for security reasons since neither this form nor any confidential information will be made available outside the Bureau for such post-audits.)

RECORDED - 150 100-1-6551-291

This recommendation based upon accomplishment of major value and broad application to entire Bureau. It constitutes what is believed the most outstanding achievement recorded in the internal security field. It has established the existence of a direct link with the Soviet Union by the Communist Party, USA, and has provided proof of the financial support of that organization by the Soviet Union. Information obtained could not have been derived in any other manner, has resulted in an inestimable savings of investigative time and effort and completely vindicates the position of the Director and the Bureau regarding the objectives of the Communist Party, USA, and the means by which that organization intends to accomplish its aims. Complete justification attached.

3 SEP 1958

3/12/58

(Please do not write in this space)

RECEIVED
FBI

SEP 8 1 40 PM '50

ADMIN.
FBI

SEP 9 12 34 PM '50

CASH AWARD SCALE

TANGIBLE BENEFITS -- Amount of cash award for contribution resulting in tangible benefits (such as a suggestion resulting in saving of money) is normally based on, but not necessarily limited to, estimated net monetary savings for first full year of operation following adoption.

<u>Savings</u> (Estimated first year's net savings)	<u>Amount of Award</u>
\$1 - \$200	\$10
\$201 - \$1,000	\$10 for the first \$200 in savings and \$5 for each additional \$100 or fraction thereof.
\$1,001 - \$10,000	\$50 for the first \$1,000 in savings and \$5 for each additional \$200 or fraction thereof.
\$10,001 - \$100,000	\$275 for the first \$10,000 in savings and \$5 for each additional \$1,000 or fraction thereof.
\$100,001 - or more	\$725 for the first \$100,000 in savings and \$5 for each additional \$5,000 or fraction thereof.

INTANGIBLE BENEFITS -- Amount of cash award where contribution cannot be estimated on a monetary basis, or results in monetary savings and intangible benefits, shall be determined on basis of its value or benefit to over-all Bureau operations after full consideration of such factors as significance or value of contribution, extent and scope of application, personal danger or risks involved, and importance of program affected.

Table I - Where Personal Danger or Risks Are Not Dominant Factor:

<u>Value of Benefit</u> <u>to Entire Bureau</u>	<u>Extent of Application to Entire Bureau</u>		
	<u>Limited</u>	<u>Broad</u>	<u>General</u>
Minor	\$10 - \$50	\$50 - \$100	\$100 - \$150
Moderate	\$100 - \$150	\$150 - \$300	\$300 - \$500
Major	\$500 - \$500	\$500 - \$725	\$725 - \$1000
Extraordinary	\$725 - \$1000	\$1000 - \$2000	\$2000 - \$5000

Table II - Where Personal Danger or Risks Are Dominant Factor:

<u>Value of Benefit</u> <u>to Entire Bureau</u>	<u>Personal Danger or Risk Involved</u>		
	<u>Limited</u>	<u>Substantial</u>	<u>Exceptional</u>
Minor	\$10 - \$50	\$50 - \$100	\$100 - \$150
Moderate	\$100 - \$150	\$150 - \$300	\$300 - \$500
Major	\$300 - \$500	\$500 - \$725	\$725 - \$1000
Extraordinary	\$725 - \$1000	\$1000 - \$2000	\$2000 - \$5000

The matter of developing an informant to serve in a liaison capacity between the Communist Party, USA, and the Communist Party of the Soviet Union was first conceived by Section Chief Fred J. Baumgardner. Because of his experience in following Communist Party activities, Mr. Baumgardner fully realized the vast potential of such an undertaking and the wealth of information that would accrue to the Bureau's benefit should the venture culminate in success. In addition, in order to fulfill the Bureau's responsibilities in the internal security field, Mr. Baumgardner had an intense desire if possible to establish some tangible form of proof of the link between the Communist Party, USA, and the Communist Party of the Soviet Union, the complete subservience of the former to the latter and the fact that the Communist Party of the Soviet Union partially financed the Communist Party, USA, through clandestine channels.

Upon receipt of information that Russia and the Communist Party, USA, were each dissatisfied with their current system of communications, this matter became subject of penetrative analysis by the Communist Party, USA Desk, Internal Security Section, Domestic Intelligence Division, at the Seat of Government. As a result of conferences between Section Chief Baumgardner and Supervisor Thornton, it was recommended and approved that the subject of developing an individual to act as liaison between the Communist Party, USA, and the Communist Party of the Soviet Union be included on the agenda for the Internal Security - Espionage Conference held at the Seat of Government October 22 to 23, 1956. This subject matter was presented to the Conference by Supervisor Thornton and he led the inclusive discussion which followed, assisted by Section Chief Baumgardner. As a result of the decision made by the Conference concerning this matter, a letter was sent to all offices dated November 2, 1956. This letter instructed that in connection with this matter the field take the following steps: (1) carefully review current informants with a view to determining their suitability for engaging in such a project; and (2) consider developing individuals engaged in transacting legitimate business with the Russians as possible liaison contacts between the Communist Party, USA, and the Communist Party of the Soviet Union under the direction of the Bureau.

Section Chief Baumgardner and Supervisor Thornton in discussions regarding the best solution to this problem reached the conclusion that our greatest chance for success could be brought about by the utilization of one of our security informants as the liaison man between the Communist Party, USA, and the Communist Party of the Soviet Union. With this in mind, a letter was directed to our New York and Chicago Offices pointing out that they had informants who were of sufficient stature to carry out such an assignment and requesting their observations in this regard. In the Bureau's letter, the informant who subsequently made the trip, CG 5824-S, was singled out as one of two possessing the strongest potential. At that time, the Chicago Office in a letter to the Bureau dated November 23, 1956, advised that because of the prevailing factionalist strife in the Communist Party, USA, it was not considered opportune to pursue the project of utilizing CG 5824-S in this capacity.

In April, 1957, Canadian Communist Party leader, Tim Buck, advised CG 5824-S that the Russians wanted to talk to a representative of the Communist Party, USA. This matter was discussed by Section Chief Baumgardner and Supervisor Thornton and it was recognized as presenting the opportunity we had been seeking to develop a liaison between the Communist Party, USA, and the Communist Party of the Soviet Union. Therefore, a letter was directed to the Chicago Office dated April 30, 1957, in which the Chicago Office was instructed to exert every effort to take advantage of this opportunity.

In accordance with the Bureau's instructions, the Chicago Office thoroughly briefed the informant regarding the project the Bureau had in mind and as a result, the informant was subsequently selected by the Communist Party, USA, and approved by Russian officials as the official representative from the Communist Party, USA, to the Communist Party of the Soviet Union. The preparation for such a trip and the carrying out of such a mission required the close supervision on the part of Section Chief Baumgardner of innumerable details. Throughout this operation Section Chief Baumgardner has exerted sound judgment in supervising this matter to insure the correctness of the action at each stage of development and to protect the Bureau's interests in this project. This constituted a long-range scheme requiring considerable direct planning and conferences between Mr. Baumgardner and Supervisor Thornton under the direction of Assistant Director Belmont.

As a result of his trip, we have established indisputably the fact that the Soviet Union is receptive to financing the Communist Party, USA, to a considerable degree, we have established direct liaison with Soviet Union officials as well as Red China officials and even more significant is the fact that the initial trip has provided an entree for future travel by the informant not only to Soviet Russia, but to communist parties in other countries in a liaison capacity.

December 4, 1958

PERSONAL

Dear Mr. Baumgardner:

As you are celebrating your Nineteenth Anniversary with the Federal Bureau of Investigation today, I wanted to send you my congratulations for this occasion. I am mindful of the real contributions rendered through the efforts of dedicated employees, such as you, and I hope that it will be possible for you to remain in the Bureau for many more years.

Sincerely,

L. Edgar Hoover

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

-294

JEH:edm (3)

SENT FROM D. O.	
TIME	8:45 PM
DATE	12-4-58
BY	mc

Tolson _____
Belmont _____
Mohr _____
Nease _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

4 DEC 9 1958
MAIL ROOM ☐ TELETYPE UNIT ☐

April 20, 1959

PHILADELPHIA

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I want to take this means to express my sincere appreciation for the outstanding work you did in connection with the editorial concerning the menace of domestic communism which appeared in the April, 1959, issue of the FBI Law Enforcement Bulletin.

The specific and striking facts which you produced in this instance were most noteworthy and were the result of your thorough and comprehensive knowledge of the subject involved. You did an excellent job and I want to commend you.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Belmont (Personal Attention)

Tolson _____
DeLoach _____
Mohr _____
McGuire _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

AFH:hafh
(4)
67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

APR 20 11 05 AM '59
REC'D-READING ROOM
FBI

-303

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or print) <i>Baumgardner, Fred Jackson</i>			2. GRADE AND COMPONENT OR POSITION <i>S.A.</i>		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <i>annual exam</i>		6. DATE OF EXAMINATION <i>3-13-59</i>
7. SEX <i>M</i>	8. RACE <i>W</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH <i>8-12-11</i>		13. PLACE OF BIRTH <i>Munfordville, Ky.</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>N.N.M.C.</i>				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)
	18. HEAD, FACE, NECK, AND SCALP
	19. NOSE
	20. SINUSES
	21. MOUTH AND THROAT
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
	23. DRUMS (Perforation)
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)
<i>NE</i>	25. OPHTHALMOSCOPIC
	26. PUPILS (Equality and reaction)
	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)
	28. LUNGS AND CHEST (Include breasts)
	29. HEART (Thrust, size, rhythm, sounds)
	30. VASCULAR SYSTEM (Varicosities, etc.)
	31. ABDOMEN AND VISCERA (Include hernia)
	32. ANUS AND RECTUM (Hemorrhoids, fistulae (Prostate, if indicated))
	33. ENDOCRINE SYSTEM
	34. G-U SYSTEM
	35. UPPER EXTREMITIES (Strength, range of motion)
	36. FEET
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
	38. SPINE, OTHER MUSCULOSKELETAL
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
	40. SKIN, LYMPHATICS
	41. NEUROLOGIC (Equilibrium tests under item 72)
	42. PSYCHIATRIC (Specify any personality deviation)
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE

67-

(Continued from 73)

Number 3

REMARKS AND ADDITIONAL DENTAL
DEFECTS AND DISEASES

MAY 4 1959

meets dental
standards

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
I—Nonrestorable teeth

X—Missing teeth

XXX—Replaced by dentures

(6-4-51) Fixed bridge, brackets to
include abutments

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	F
H																	T
T																	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.010</i>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <i>neg.</i>	D. MICROSCOPIC	<i>053028C negative</i>	
C. SUGAR <i>neg.</i>	<i>neg.</i>		
47. SEROLOGY (Specify test used and result) <i>negative</i>		48. EKG <i>within</i>	49. BLOOD TYPE AND RH FACTOR
<i>21 JUN 19 1959</i>		50. OTHER TESTS <i>hearing--see reports #71</i>	

2 MAY 6 1959

318

6-19-61

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69		52. WEIGHT 168		53. COLOR HAIR blonde		54. COLOR EYES blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 97.6					
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)									
A. SITTING SYS. 128 DIAS. 82		B. RECUMBENT SYS. DIAS. 82		C. STANDING (3 min.) SYS. DIAS. 80		A. SITTING 80		B. AFTER EXERCISE		C. 2 MIN. AFTER					
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION 1.M							
RIGHT 20/ 20		CORR. TO 20/		BY S. OX		CORR. TO 20-15		BY lens							
LEFT 20/ 20		CORR. TO 20/		BY S. OX		CORR. TO 20-15		BY lens							
62. HETEROPHORIA (Specify distance)															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT					
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)							
RIGHT LEFT				AOC 1946 normal				UNCORRECTED							
								CORRECTED							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST							
								69. INTRAOCULAR TENSION							
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV 15 /15 SV /15				250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192											
LEFT WV 15 /15 SV /15				RIGHT 0 0 0 0 0 0 0 0 0 0 0 0											
				LEFT 0 0 0 0 0 0 0 0 0 0 0 0											
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY															

History of recurrent pain in lower rt. quadrant--checked in G-U.

(Use additional sheets if necessary)

74 SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS--FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

cont c G-U/instructed.

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

b6
b7C

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

CAPT, MC, USN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

(EFC)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *EAR CLINIC* FROM: (Requesting ward, unit, or activity) *STAFF CLINIC* DATE OF REQUEST *3-13-59*

REASON FOR REQUEST (Complaints and findings)

This FBI SA appeared this date for his annual physical examination and it was noted he has never been afforded an audiogram. Please do audiogram for record purposes.

PROVISIONAL DIAGNOSIS

*b6
b7C*

S/

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE
--------------------	----------	---	---

CONSULTATION REPORT

3-13-59:

Audiogram shows a slight loss on the high range of the Lt. ear. Right is normal. This loss is of no clinical significance.

*b6
b7C*

[Redacted]

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
<i>BAUMGARDNER, FRED J. SPECIAL AGENT, FBI</i>			<i>STAFF CLINIC</i>

CONSULTATION SHEET
Standard Form 513

ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION
FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of Examinee: Baumgardner, Fred Jackson
 (Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
11	67
14	68
17	69
46	71
48	72
49	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable..
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS
 OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

TO BE ANSWERED IN THE CASE OF ALL MALE EMPLOYEES AND MALE APPLICANTS:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes. If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes. If "yes" please specify defects. _____

Weights for Males

Height Feet-Inches	SMALL FRAME		MEDIUM FRAME		LARGE FRAME	
	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5 4	121-131	143	129-139	152	136-148	162
5 5	124-134	146	132-142	155	140-152	166
5 6	128-138	151	136-146	160	144-157	172
5 7	131-142	155	140-151	165	148-161	176
5 8	135-146	160	144-155	170	152-165	181
5 9	139-150	164	148-159	174	156-170	186
5 10	143-154	168	152-163	178	160-175	192
5 11	147-159	174	156-168	184	164-180	197
6 0	152-164	179	161-173	189	169-185	203
6 1	158-170	186	166-179	196	174-191	209
6 2	163-175	192	171-184	201	179-197	216
6 3	168-180	197	176-189	207	184-202	221
6 4	174-186	204	182-195	214	190-208	228
6 5	180-191	209	188-201	220	196-214	234

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table the examinee's frame and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7c


 (Signature of Medical Examiner)

APR 6 1959

(Date)

May 12, 1959

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

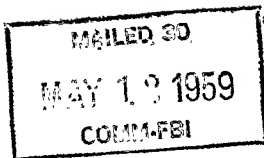
Dear Mr. Baumgardner:

It is a pleasure to thank you for your highly competent supervision at the Seat of Government of a matter of importance to the Bureau in the security field.

You exhibited an exemplary awareness of the significance of this matter in the very thorough and intelligent manner in which you handled your responsibilities. Your excellent handling of interviews during the course of this investigation was worthy of particular note. Please accept this expression of my sincere appreciation.

Sincerely yours,

J. Edgar Hoover



MAY 12 4 13 PM '59
READING ROOM
B I

- 305

1 - Mr. Belmont (Personal Attention)

Re: "Washington Pension Union, Internal Security, C Internal Security Act of 1950."

Tolson _____
Belmont _____
DeLoach _____
McGuire _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

CMT:cmt

(4)

67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

June 18, 1959

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am very pleased to commend you for your very fine supervision at the Seat of Government in connection with a matter of much importance to the Bureau in the security field.

I was very much impressed with the excellent work performed in this instance. You displayed unusual ingenuity and resourcefulness in suggesting a certain technique to be utilized in this operation, thereby making a major contribution to the outstanding results realized. You discharged your responsibilities in a highly capable manner and I want to thank you for a job especially well done.

Sincerely yours,

1 - Mr. Belmont (Personal Attention)

Re your addendum on memo from Mr. Baumgardner to you dated 6-16-59 captioned "Communist Party, USA, Counterintelligence Program, Internal Security-C."

Based on memo Mr. Baumgardner to Mr. Belmont dated 6-16-59. HOB:ebc rmv and addendum Administrative Division 6-18-59, CRD:ksa.

Tolson _____
Belmont _____
DeLoach _____
McGuire _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

AFH:afh

(4)

67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

JUN 18 1 31 PM '59

307

MAILED 5
JUN 18 1959
COMM-FBI

December 4, 1959

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

Today is a very special occasion in your career for it marks your Twentieth Anniversary of Bureau service. I consider it a real pleasure to express by means of this letter my warmest congratulations and, in addition, to present your Twenty-Year Service Award Key.

As your responsibilities have increased over the years from your duties in investigative work in the field offices in which you have served to the now demanding position you hold as Chief of the Internal Security Section you have shown admirable ability and skill in furthering the interests of the Bureau. Your accumulated experience has been of invaluable assistance in the administration of our heavy responsibilities and you have made many contributions to our achievements through the years. The phase of the Bureau's work for which you are responsible is most vital to the welfare of our country and the success the Bureau has realized in this field is a tribute to your continued splendid services.

I sincerely hope we may continue to count your fine services among our assets for many years to come.

With best wishes and kind regards,

Sincerely,

Based on memo J. P. Mohr to Mr. Tolson
CRD:hmc 11-12-59

Tolson _____
Belmont _____
DeLoach _____
McGuire _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

1 - Director's Office (Direct)

Enclosure

1 - Mr. Belmont (Personal)

CRD:hmc (5) 67-136594

December 23, 1959

PERSONAL

DEC 23 11 58 AM '59
REC'D-READING ROOM
FBI

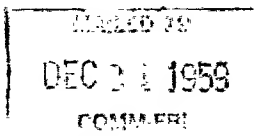
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I want to take this means to commend you for the outstanding supervision which you afforded an operation of extreme value to the Bureau in the security field.

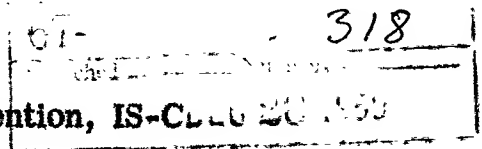
I am aware that you were responsible for organizing the necessary arrangements at the Seat of Government and that you prepared the comprehensive analysis of this undertaking for my information. Your interest, enthusiasm and guidance were indeed noteworthy and contributed much to the success achieved. I was very pleased with your performance and I am taking this opportunity to thank you.

Sincerely yours,



1 - Mr. Belmont (Personal Attention)

Re: CP, USA, 17th National Convention, IS-CLUG 20 1959



Tolson _____
Belmont _____
DeLoach _____
McGuire _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Holloman _____
Gandy _____

AFH
(4)
67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

December 18, 1959

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

Your over-all supervision at the Seat of Government with regard to the handling of a highly confidential source of information of the utmost importance to the Bureau in the security field has been outstanding and I do not want this opportunity to pass without expressing my sincere appreciation.

I fully realize the many and varied difficulties inherent in such an operation and know that you exercised a high degree of skill and intelligence in overcoming them. Your expert direction of this major undertaking has contributed much to the success achieved and has definitely been a credit to you and to the FBI. I want you to know I certainly admire your superior performance.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Belmont (Personal Attention)
Re: SOLO, Internal Security-C.

AFH
(4)
67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

RECEIVED
FBI
NOV 19 1959

DEC 19 1959

1 _____
nt _____
h _____
/ _____
ns _____
h _____
m _____
er _____
Sullivan _____
Room _____
man _____

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

Medicine

FROM: (Requesting ward, unit, or activity)

Step Clinic

DATE OF REQUEST

19 Feb 60

REASON FOR REQUEST (Complaints and findings)

Recurring pain in abdomen
consultation unrewarding

b6
b7C

PROVISIONAL DIAGNOSIS

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE ☐ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

3-3-60 @ 1100 T-11

Dr. [redacted]

48-year old CM c/o complaint of RLL pain
of 2 1/2 months duration.

Pain - "not sharp - not dull", sometimes "itching"
sensation inside. Recently has radiated radi. into
RLL region. Point of pain seems to be just top of
appendectomy scar (pt. @ age 20). Bending trunk,
stretching, sitting in certain positions, lying on back/
side, on direct pressure seems to increase
discomfort. Food, milk, antacid - o.k. B.M.
"seems to feel better" but no definite pain relief.

In past year, stools - 1x daily, have become
"nealy" - soft, disintegrate on stool; no mucus.
Simotocizil has been mucous.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written or files give Name, last, first,
middle; grade; date; hospital or medical center)

REGISTERED NO.

WARD NO.

Baumgartner, Fred J.

CONSULTATION SHEET

March 1960 Form 113

Heartburn; excessive gasousness, p.c., normal
mal-odor, stage. No pyrexia.
Appetite good; wt. stable @ 166^{lb}; no bad taste
breath.

no other history.

* Has also noted radiation of pain along area
of scar to groin. Denies any back injury.

ASV will relieve dull pain but pressure
still intolerable on bending over. Uses no heat.

Has had normal Ba. exam, UGI series, &
GB series. even last 2 years. Renal workups
in February '59.

Typical tension headaches.

Physical examination:

Abdominal exam: No tenderness, guarding,
rebound tenderness, hepatosplenomegaly,
palpable masses, enlargement of ascites; normal
Bowel sounds. Well healed appendectomy
scar. No neurologic signs of latent lesions.
Rectal exam - negative.

Impression: (1) Functional enterocolopathy
manifested by dysphagia and
irritable colon.

(2) Tensional headaches

(3) Neuralgia, abdominal, 20th

neuralgia. Pain, relieved by local injection
of 1% procaine 2 cc. at 10th rib

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME Baumgardner, Fred Jackson		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT	3. IDENTIFICATION 2-19-60
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) HARTCO., Ky		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 2-19-60
7. SEX M	8. RACE WHITE	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8-12-14	
13. PLACE OF BIRTH HARTCO., Ky		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Generally good

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	70	good					HAD TUBERCULOSIS	
MOTHER	70	good					HAD SYPHILIS	
SPOUSE	46	good					HAD DIABETES	
	50	good					HAD CANCER	Mother
BROTHERS	46	good					HAD KIDNEY TROUBLE	
AND	40	good					HAD HEART TROUBLE	
SISTERS	38	good					HAD STOMACH TROUBLE	
							HAD RHEUMATISM (Arthritis)	
CHILDREN							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
		✓ SCARLET FEVER, ERYSIPELAS			✓ GOITER			✓ TUMOR, GROWTH, CYST, CANCER			✓ "TRICK" OR LOCKED KNEE
		✓ DIPHTHERIA			✓ TUBERCULOSIS			✓ RUPTURE			✓ FOOT TROUBLE
		✓ RHEUMATIC FEVER			✓ SOAKING SWEATS (Night sweats)			✓ APPENDICITIS			✓ NEURITIS
		✓ SWOLLEN OR PAINFUL JOINTS			✓ ASTHMA			✓ PILES OR RECTAL DISEASE			✓ PARALYSIS (Inc. infantile)
		✓ MUMPS			✓ SHORTNESS OF BREATH			✓ FREQUENT OR PAINFUL URINATION			✓ EPILEPSY OR FITS
		✓ WHOOPING COUGH			✓ PAIN OR PRESSURE IN CHEST			✓ KIDNEY STONE OR BLOOD IN URINE			✓ CAR, TRAIN, SEA, OR AIR SICKNESS
		✓ FREQUENT OR SEVERE HEADACHE			✓ CHRONIC COUGH			✓ SUGAR OR ALBUMIN IN URINE			✓ FREQUENT TROUBLE SLEEPING
		✓ DIZZINESS OR FAINTING SPELLS			✓ PALPITATION OR POUNDING HEART			✓ BOILS			✓ FREQUENT OR TERRIFYING NIGHTMARES
		✓ EYE TROUBLE			✓ HIGH OR LOW BLOOD PRESSURE			✓ VENEREAL DISEASE			✓ DEPRESSION OR EXCESSIVE WORRY
		✓ EAR, NOSE OR THROAT TROUBLE			✓ CRAMPS IN YOUR LEGS			✓ RECENT GAIN OR LOSS OF WEIGHT			✓ LOSS OF MEMORY OR AMNESIA
		✓ RUNNING EARS			✓ FREQUENT INDIGESTION			✓ ARTHRITIS OR RHEUMATISM			✓ BED WETTING
		✓ CHRONIC OR FREQUENT COLDS			✓ STOMACH, LIVER OR INTESTINAL TROUBLE			✓ BONE, JOINT, OR OTHER DEFORMITY			✓ NERVOUS TROUBLE OF ANY SORT
		✓ SEVERE TOOTH OR GUM TROUBLE			✓ GALL BLADDER TROUBLE OR GALL STONES			✓ LAMENESS			✓ ANY DRUG OR NARCOTIC HABIT
		✓ SINUSITIS			✓ JAUNDICE			✓ LOSS OF ARM, LEG, FINGER, OR TOE			✓ EXCESSIVE DRINKING HABIT
		✓ HAY FEVER			✓ ANY REACTION TO SERUM, DRUG OR MEDICINE			✓ PAINFUL OR "TRICK" SHOULDER OR ELBOW			✓ HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

✓	WORN GLASSES	✓	ATTEMPTED SUICIDE		BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
✓	WORN AN ARTIFICIAL EYE	✓	BEEN A SLEEP WALKER		HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
✓	WORN HEARING AIDS	✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
✓	STUTTERED OR STAMMERED	✓	COUGHED UP BLOOD		HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
✓	WORN A BRACE OR BACK SUPPORT	✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☐ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

APPENDIX 2 - AT AGE 22
TOXICITY - AT AGE 35

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician must comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee
(Type or print)

BAUMGARDNER, Fred JACKSON
Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

N.A.

ENCLOSURE

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7c

(Signature of Medical Officer)

(Date)

14 March 1968

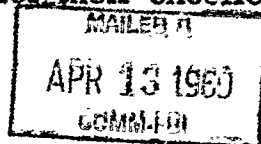
April 13, 1960

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am writing to commend you and, through you, the personnel under your supervision who worked so capably in the preparation of a brief concerning a certain matter of much interest to the Bureau in the security field.

This was an extremely important and delicate project and required the exercise of considerable attention, competence and diligence by everyone who worked on it. The brief which was prepared was of the highest quality and will prove to be of great value. I want to thank you for your able direction of this matter and I want you to express my appreciation to those who assisted for their excellent work.



Sincerely yours,

J. Edgar Hoover

1 - Mr. Belmont (Personal Attention)

Re brief dated March, 1960, entitled "Communism and Religion."

Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
DeLoach _____
Malone _____
McGuire _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

CMT
(27)

MAIL ROOM ☐ TELETYPE UNIT ☐

Copies prepared and attached for files of : OVER....

APR 13 12 50 PM '60

-320

Mr. Fred J. Baumgardner

[REDACTED]

Preston W. Dise

[REDACTED]

[REDACTED]

[REDACTED]

John H. Kleinkauf

[REDACTED]

Donald J. McNerney

John F. Morley

J. J. O'Connor

Edward B. Reddy

[REDACTED]

b6
b7C

b6
b7C

1. NAME (Last, first, middle initial)
2. DATE OF BIRTH
3. HOME ADDRESS (Street, city, state, zip code)

4. SEX
5. RACE
6. TOTAL YRS. GOVT. SERVICE
7. DEPARTMENT, AGENCY, OR SERVICE
8. ORGANIZATION UNIT
9. DATE OF BIRTH
10. PLACE OF BIRTH
11. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
12. EXAMINING FACILITY OR EXAMINER AND ADDRESS
13. OTHER INFORMATION

14. RATING OR SPECIALTY
15. TIME IN THIS CAPACITY: TOTAL
16. LAST SIX MONTHS

CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. Enter pertinent item number in column; continue in item 73 and use additional sheet if necessary.
NORMAL	ABNORMAL	
		18. HEAD, FACE, NECK, AND SCALP
		19. NOSE
		20. SINUSES
		21. MOUTH AND THROAT
		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
		23. DRUMS (Perforation)
		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
		25. OPHTHALMOSCOPIC
		26. PUPILS (Equality and reaction)
		27. OCULAR MOTILITY (Associated parietal movements, nystagmus)
		28. LUNGS AND CHEST (Include breasts)
		29. HEART (Thrust, size, rhythm, sounds)
		30. VASCULAR SYSTEM (Varicosities, etc.)
		31. ABDOMEN AND VISCERA (Include hernia)
		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
		33. ENDOCRINE SYSTEM
		34. G-U SYSTEM
		35. UPPER EXTREMITIES (Strength, range of motion)
		36. FEET
		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
		38. SPINE, OTHER MUSCULOSKELETAL
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (Equilibrium tests under item 73)
		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

27. Appendectomy scar

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)															
O.—Restorable teeth				X.—Missing teeth				(6 X 5).—Fixed bridge, brackets to include abutments							
I.—Nonrestorable teeth				XXX.—Replaced by dentures											
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18
T															

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Meet Dr. L. S. Standish, Car. MCD

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (Place, date, film number, result)		
ALBUMIN	SUGAR	MICROSCOPIC			
NEG	NEG	NEG	6965-60-NEG		
47. BLOOD TYPE AND RH	48. OTHER TESTS				

47. SEROLOGY (Specify tests)
NEG

WNL
Medicine Consult. - See Report

09. MAY 11 91 AM
I R
MAY 11

TS AND DIAGNOSIS (List diagnoses with item numbers)

b6
b7C

May 10, 1960

PERSONAL

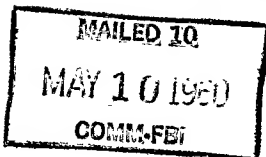
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

In view of the superb fashion in which you have discharged your responsibilities during the period April 1, 1959, to March 31, 1960, you have earned an Outstanding performance rating, which has been approved by the Efficiency Awards Committee of the Department. A copy of this rating is enclosed, which you may retain.

I am also pleased to advise you of my approval of an incentive award for you in recognition of this splendid accomplishment on your part. There is enclosed a check in the amount of \$246.00, which represents an award of \$300.00 less withholding tax. I want you to know that your loyalty and devotion to duty as exemplified in this rating are deeply appreciated.

- 323



REC-151
Sincerely yours,
J. Edgar Hoover

Enclosures (2)

1 - Mr. Belmont (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - Mr. Hereford (Sent Direct)

LRH:afh (5)

67-136594 Award #485-60

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
DeLoach _____
Malone _____
McGuire _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Room _____

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: FRED J. BAUMGARDNER

Where Assigned: Domestic Intelligence Internal Security Section
(Division) (Section, Unit)

Official Position Title: Section Chief - GS-15

Rating Period: from 4-1-59 to 3-31-60

ADJECTIVE RATING: OUTSTANDING Employee's Initials _____
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by:	<u><i>A. V. Belmont</i></u> Signature	Assistant Director	3-31-60 Date
Reviewed by:	<u><i>J. T. Parsons</i></u> Signature	Assistant to the Director	3-31-60 Date
Rating Approved by:	<u><i>J. Edgar Hoover</i></u> Signature	Director	3-31-60 Date

TYPE OF REPORT

(X) Official
(X) Annual

() Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

3-1-60

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

APR 22 5 34 PM '60
RECEIVED-DIRECTOR

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

**Section Chief (Internal
Security Section)**

Name of Employee **FRED J. BAUMGARDNER**

Title

Rating Period: from **4/1/59** to **3/31/60**

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:
+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|--|---|
| <u>+</u> (1) Personal appearance. | <u>+</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>+</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>O</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u> </u> conciseness; <u> </u> clarity; <u> </u> organization; <u> </u> thoroughness; <u> </u> accuracy; <u> </u> adequacy and pertinency of leads; <u> </u> administrative detail.) |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>+</u> (21) Executive ability: <ul style="list-style-type: none"> <u> </u> (a) Leadership <u> </u> (b) Ability to handle personnel <u> </u> (c) Planning <u> </u> (d) Making decisions <u> </u> (e) Assignment of work <u> </u> (f) Training subordinates <u> </u> (g) Devising procedures <u> </u> (h) Emotional stability <u> </u> (i) Promoting high morale <u> </u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>O</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u> </u> (a) As leader <u> </u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u> </u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability <u> </u> |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | <u>+</u> Additional responsibility. |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>O</u> (14) Technical or mechanical skills. | |
| <u>O</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u> </u> (a) Internal security cases <u> </u> (b) Criminal or general investigative cases <u> </u> (c) Fugitive cases <u> </u> (d) Applicant cases <u> </u> (e) Accounting cases | |
| <u>O</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): **Section Chief**

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): **Administrator**

- C. (1) Is employee available for general assignment wherever needs of service require? **Yes** (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? **Yes** (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? **No** 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? **No** (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: **OUTSTANDING** EMPLOYEE'S INITIALS
 Outstanding, Excellent, Satisfactory, Unsatisfactory

FRED J. BAUMGARDNER
SECTION CHIEF - INTERNAL SECURITY SECTION
EOD 12/4/39

Mr. Baumgardner served as Section Chief of the Internal Security Section throughout the entire rating period. He has ideal personality characteristics for this assignment. He makes a splendid appearance and impression; is enthusiastic, forceful, aggressive and loyal; and has a warm, friendly personality. He has a superior attitude toward the Bureau and his work.

The Internal Security Section is charged with the responsibility of supervising investigations in the field concerning the over-all activities of the Communist Party, USA, communist infiltration matters, communist front organizations, the development of security informants, sabotage, neutrality matters, and certain other specific matters. Mr. Baumgardner brings to the supervision of this type work in the Bureau the utmost in knowledge and experience, in view of the years he has served as Chief of this Section. He continues to produce new and aggressive thinking to further the Bureau's work in this field. He gives much thought, initiative, ingenuity and originality to his work. He plans his work and the work of his Section most carefully; his judgment is uniformly superior. He is industrious and accurate in all that he does. He has demonstrated that he is exceedingly well qualified to serve as Chief of this Section.

Mr. Baumgardner relieves on the desk of the Branch Chief of the Internal Security-Liaison Branch of the Division, and his work in this respect is of an exceedingly high order. He has shown that he possesses the superior qualifications expected of a responsible Government official. Mr. Baumgardner has completed more than 20 years of Bureau service, at least half of which has been in an executive capacity, and he is regarded as a most competent Bureau employee.

One of the major accomplishments of this Section during the rating period relates to a highly confidential investigation involving two of our top informants. This investigation has produced information of inestimable value to the Bureau and much of the credit goes to Mr. Baumgardner, whose vast experience in such matters has enabled him to guide the activity of the field in handling these informants.

Mr. Baumgardner has been commended many times during the rating period by the Director for his highly competent supervision of extremely complicated and involved investigative matters which were supervised in his Section.

Mr. Baumgardner has definitely earned the rating of OUTSTANDING during this rating period.

FRED J. BAUMGARDNER

PART II - SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN N.A.
2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE Mr. Baumgardner is a qualified Inspector's Aide, but has not participated in an inspection during rating period.
3. PARTICIPATION IN INFORMANT PROGRAMS Mr. Baumgardner is Chief of the Section (Internal Security) which has the over-all responsibility for the security informant program of the Bureau. He has provided close supervision and much inspiration for this program. He is regarded as an authority on security informant problems within the Bureau and contributes much to the solution of any problems which arise in connection with the Bureau's security informant program. He also has contributed greatly toward the effectiveness of this program, including his participation in the Internal Security-Espionage Conference at the Seat of Government on 10/22-23/59.
4. TESTIFYING EXPERIENCE AND ABILITY He has not testified during the rating period, but his make-up is such as to indicate he would be an effective witness.
5. DISCIPLINARY ACTION None.
6. ACCOUNTING INFORMATION N.A.
7. POLICE INSTRUCTION He is a qualified police instructor, but has not functioned in that capacity during the rating period.

Employee's Initials _____

FRED J. BAUMGARDNER

PART II - SPECIFIC COMMENTS (Continued)

8. SOUND TRAINING N.A.

9. RESIDENT AGENTS N.A.

10. FOREIGN LANGUAGE ABILITY N.A.

Language in which proficient _____
Completed language school _____ Yes ☐ No ☐
Fluent to extent Agent can handle typical investigative
problems as follows:

1) conversation form - Yes ☐ No ☐
2) written form - Yes ☒ No ☐

Agent's _____ language ability is rated:

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Unsatisfactory</u>
Read:	_____	_____	_____	_____	_____
Write:	_____	_____	_____	_____	_____
Speak:	_____	_____	_____	_____	_____
Understand:	_____	_____	_____	_____	_____

Frequency _____ language ability was used during rating
period:

11. ADMINISTRATIVE ADVANCEMENT

- a) Agent is interested in administrative advancement - Yes ☒ No ☐
- b) Agent is completely available for administrative advancement - Yes ☒ No ☐
- c) Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance - Yes ☒ No ☐
- d) Consider qualifications very good, _____, excellent _____, outstanding x.
- e) Agent has potential for future administrative advancement - Yes ☐ No ☐

Employee's Initials _____

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Mohr

DATE: 4-22-60

FROM : Mr. Callahan

b6
b7C

Tolson _____
 Mohr _____
 Parsons _____
 Belmont _____
 Callahan _____
 DeLoach _____
 Malone _____
 McGuire _____
 Rosen _____
 Tamm _____
 Trotter _____
 W.C. Sullivan _____
 Tele. Room _____
 Ingram _____
 Gandy _____

SUBJECT: FRED J. BAUMGARDNER
 Special Agent (Section Chief, Internal Security Section)
 Domestic Intelligence Division
 OUTSTANDING ANNUAL PERFORMANCE RATING

Attached are two copies of an Outstanding annual performance rating covering services of SA Fred J. Baumgardner for the period of 4-1-59 to 3-31-60. This rating appears justified. SA Baumgardner was not censured during rating period, his weight is within the desirable limits and his overtime was above the Division average for 11 months of the 12-month period.

Under the Incentive Awards Plan SA Baumgardner will be entitled to an incentive award of \$300 which it is felt is an appropriate amount.

RECOMMENDATION:

~~100-131~~
 100-131

- 324
 57

That the Outstanding rating and \$300 award be approved. It is suggested the Director sign both copies as the Approving Official.

LRH:afh
 (2)
 Enclosures

PERMANENT BRIEF OF SA BAUMGARDNER'S FILE ATTACHED

76
 3 MAY 20 1960

November 16, 1960

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

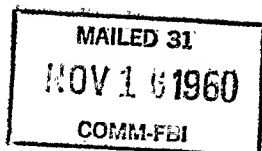
Dear Mr. Baumgardner:

I am especially pleased to commend you for your excellent performance in connection with a series of field conferences on the development and handling of confidential sources in the security field.

The conferences were exceptionally well organized and should prove to be most beneficial to our work in this delicate field. You discharged your responsibilities in a highly intelligent and skillful manner and your services were certainly a credit to you. I want you to know of my appreciation.

Sincerely yours,

To Edgar Hoover



1 - Mr. Belmont (Personal Attention)

1 - Miss [] (Sent Direct)

b6
b7C

Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
Loach _____
Malone _____
McGuire _____
Rosen _____
Tavel _____
Trotter _____
Tele. Room _____
Holloman _____
Gandy _____

AFH:rd

(5) 67-136594

67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

NOV 16 9 56 AM '60
FBI
READING ROOM
330

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee BAUMGARDNER FRED J. DIV. 5
(Type or print) WT. 165 1/4 lbs Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

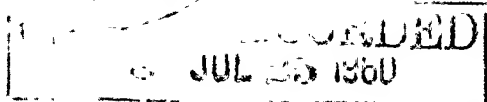
1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No



3/10/57

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: Weight 165 ¹/₄ Within desirable limits 78B
Height 5'8 ¹/₂"

b6
b7C

(Signature of Medical Examiner)

July 20, 1968
(Date)

HEALTH BENEFITS REGISTRATION
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
(Read Instructions on back of last page. Use only typewriter or ballpoint pen.)

CARRIER'S CONTROL NO.

1191771

PART A
ALL WHO
REGISTER
MUST FILL
IN THIS
PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Baumgardner, Fred J.	2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR 8 12 11	3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2
4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) 3104 Martha Custis Drive, Alexandria, Virginia		5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2
6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$6,000 TO \$9,999 <input type="checkbox"/> 3 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$10,000 OR OVER <input checked="" type="checkbox"/> 4

PART B
FILL IN THIS
PART IF YOU
WISH TO EN-
ROLL IN A
HEALTH BENEFITS
PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN SAMBA Health Benefit Plan	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER 4 4 2
--	----------------------	--

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including those attending school, and dependent children age 19 or over. If you are a female, include your husband if he is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year. (If answer is "Yes," attach a doctor's certificate for a dependent child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	DATE OF BIRTH (Month, Day, Year)
Wife or Husband Elizabeth	11/18/13	6
		7
		8
		9
		10

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES ☐ NO ☐

Just enrolled to start 12-12-60

PART C
FILL IN THIS
PART IF YOU
WISH TO
ENROLL OR IF
YOU WISH TO
CANCEL YOUR
ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>	3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>	

PART D
FILL IN THIS
PART IF YOU
WISH TO
CHANGE YOUR
ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.

1. Enrollment code number of present plan.	2. Number of event which permits change. (See table on back of duplicate for proper number.)	3. Date of event which permits change. MONTH DAY YEAR
--	--	--

PART E
ALL WHO
REGISTER
MUST FILL
IN THIS PART.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

[Signature] **June 10, 1960**
(YOUR SIGNATURE—DO NOT PRINT) (DATE)

PART F
TO BE
COMPLETED
BY
AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C.	2. DATE RECEIVED IN EMPLOYING OFFICE 6-14-60	3. EFFECTIVE DATE OF ELECTION 7-10-60
	4. PAYROLL OFFICE NO. 15-C2-0001	5. PAYROLL ACTION (INITIALS AND DATE) 6-10-60

REMARKS
FOR USE ONLY
BY ANNUITANTS
AND AGENCY.

[Handwritten notes and stamps]

NOTIFICATION OF PERSONNEL ACTION

50-106-13

1. NAME (LAST [CAPS]-First-Middle-Mr.-Miss-Mrs.) BAUMGARDNER, FRED J. (MR.)		2. DATE OF BIRTH 8-12-11	3. IDENTIFICATION (optional) #11914
4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.			
5. NATURE OF ACTION (standard terminology must be used) PROMOTION		6. EFFECTIVE DATE OF ACTION 6-13-60	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW
FROM— Supervisory Special Agent FBI#54-D-234 Series 1811, GS 15 \$13,970 per annum		TO— Supervisory Special Agent (Chief of the Internal Security Section) GS 16 \$14,430 per annum	
<input type="checkbox"/> Yes		12. APPORTIONED POSITION	<input type="checkbox"/> Yes <input type="checkbox"/> Apportionment Waived STATE: <input type="checkbox"/> Proved
13. VETERAN PREFERENCE No <input checked="" type="checkbox"/> 5-pt. <input type="checkbox"/> 10-pt. Disab. <input type="checkbox"/> 10-pt. Other <input type="checkbox"/>		14. TENURE GROUP	
15. POSITION OCCUPIED IS IN THE: <input type="checkbox"/> Competitive Service <input checked="" type="checkbox"/> Excepted Service		16. APPROPRIATION From: S. & E., FBI To: SAME	
17. PAYROLL DEDUCTIONS CSR <input type="checkbox"/> FICA <input type="checkbox"/> FEGLI <input type="checkbox"/>		18. DATE OF APPOINTMENT AFFIDAVITS (accessions only)	
19. REMARKS: <input type="checkbox"/> a. Subject to completion of 1 year probationary (or trial) period commencing _____ <input type="checkbox"/> b. Service counting toward career (or permanent) tenure from: _____ Separations: Show reasons below, as required. Check, if applicable: <input type="checkbox"/> c. During probation <input type="checkbox"/> d. From appointment of 6 months or less			
<p>This promotion is temporary and will remain in effect only for the duration of present assignment.</p> <p>Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.</p>			
20. EMPLOYING DEPARTMENT OR AGENCY U. S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION		22. SIGNATURE (or other authentication) AND TITLE J. E. Hoover Director	
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER (if different than item 10, above) FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D. C.		23. DATE 6-13-60	

December 2, 1960

Handwritten signature
PERSONAL

Dear Mr. Baumgardner:

It is a real pleasure to extend to you my best wishes and congratulations on your twenty-first anniversary with the FBI. This is indeed an occasion of which you can be proud, for you have contributed much toward the growth and the prestige of this Bureau. It is a pleasure to count you among my associates and I am looking forward to having you with us for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

REC'D - FBI
DEC 1 3 50 PM '60

Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
DeLoach _____
Malone _____
McGuire _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

Mailed - *61*

DEC 2 '60 AM

Director's Office

JEH:eh

Anniversary 12-4 (Sunday)

MAIL ROOM ☐ TELETYPE UNIT ☐

- 331

December 12, 1960

PERSONAL

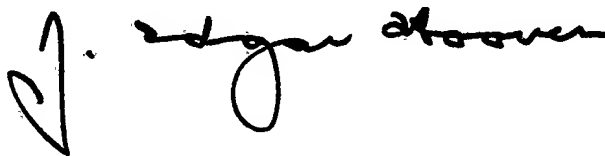
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am indeed pleased to commend you for the outstanding attitude you exhibited in reporting for duty today despite the extremely hazardous travel conditions.

You demonstrated a most exemplary devotion to the work of the FBI in considering your services so essential that, in spite of an announcement that all Federal Government agencies would be closed, you reported for duty. I certainly appreciate your dedicated efforts and I want you to know I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,



Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
DeLoach _____
Malone _____
McGuire _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

December 16, 1960

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

It is a pleasure to commend you for the excellent talk you gave at the Administrative Division Semiannual Conference regarding the film "Operation Abolition" which was shown at the conference.

Many favorable comments have been made concerning the splendid manner in which you presented this movie to the audience. I know everyone was very impressed and you should be proud of your performance. I want you to know of my appreciation.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Belmont (Personal Attention)

1 - Miss [] (Sent Direct)

AFH
(5)
67-136594

Based on memo C. R. Davidson to Mr. Callahan, CRD:rmw, 12-15-60

Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
DeLoach _____
Malone _____
McGuire _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

MAIL ROOM ☐

TELETYPE UNIT ☐

DEC 16 2 37 PM '60
FBI
FBI READING ROOM

MAILED 9
DEC 16 1960
COMM-FBI

February 23, 1961

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

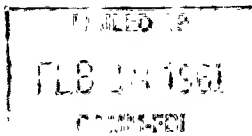
Dear Mr. Baumgardner:

I am taking this opportunity to commend you for your over-all supervision of a highly confidential operation of vital importance to the Bureau in the security field.

The outstanding results achieved in this difficult and delicate undertaking can be attributed in no small degree to your splendid leadership, ability and judgment in continually making suggestions to insure its success. Your performance has indeed been noteworthy and I want you to know I am most appreciative.

Sincerely yours,

J. Edgar Hoover



FEB 23 11 53 AM '61
FBI
- 334

1 - Mr. Belmont (Personal Attention)
Re: CG 5824-S*

1 - Miss [] (Sent Direct)

b6
b7c

Tolson _____
Parsons _____
Mohr _____
Belmont _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Tavel _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

AFH:cmt
(5)
67-136594

MAIL ROOM ☐ TELETYPE UNIT ☐

REPORT OF MEDICAL EXAMINATION

FBI

#5

1. LAST NAME—FIRST NAME—MIDDLE NAME
BAUMGARDNER, Fred Ticks

2. GRADE AND COMPONENT OR POSITION
S.A.

3. IDENTIFICATION

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
[Signature]

5. PURPOSE OF EXAMINATION
ANNUAL PHYSICAL

6. DATE OF EXAMINATION
2-1-61

7. SEX
MALE

8. RACE
W.

9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY CIVILIAN

10. AGENCY

11. ORGANIZATION UNIT

12. DATE OF BIRTH
8-12-11

13. PLACE OF BIRTH
Munfordville, Kentucky

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
N N M C

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
NE	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE

REC-139

67-1-336

Searched _____

Numbered _____

APR 4 1961

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
/—Nonrestorable teethX—Missing teeth
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	F
H																	T
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

No defect noted

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020	46. CHEST X-RAY (Place, date, film number and result) Chest 6011—Normal
B. ALBUMIN Neg.	D. MICROSCOPIC Neg.
C. SUGAR Neg.	49. BLOOD TYPE AND RH FACTOR WNL
47. SEROLOGY (Specify test used and result) Neg.	50. OTHER TESTS Surgery—See consent.

21 JUN 19 1961

Harsh 4541
6/19/61

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 68		52. WEIGHT 165		53. COLOR HAIR Blonde		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 97.4	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 106 DIAS. 70		B. RECUMBENT SYS. DIAS. 		C. STANDING (3 min.) SYS. DIAS. 		A. SITTING 88		B. AFTER EXERCISE		C. 2 MIN. AFTER	
59. DISTANT VISION				60. REFRACTION				61. 75 M NEAR VISION			
RIGHT 20/ 20		CORR. TO 20/		BY S.		OX		CORR. TO 20/80		BY lens	
LEFT 20/ 20		CORR. TO 20/		BY S.		OX		CORR. TO 20/80		BY lens	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result) 70e-1946 18/18				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT LEFT										CORRECTED	
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV /15 SV /15				250 500 1000 2000 3000 4000 6000 8000 256 512 1024 2048 2896 4096 6144 8192							
LEFT WV 15 /15 SV 15 /15				RIGHT							
				LEFT							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

History of pain in right abdomen part several years - probably a hit more marked.

REC'D - ADMIN. DIV
FBI
JUN 22 11 55 AM '61

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) Surgical Consult - cancelled. JUN 15 1961						76. A. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
79. TYPED OR PRINTED NAME OF PHYSICIAN [] CAPT. MC. USA						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>BAUMGARDNER, Fred JACKSON</u>		2. GRADE AND COMPONENT OR POSITION <u>S. A.</u>	3. IDENTIFICATION <u>2-1-61</u>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <u>Munfordville, Ky.</u>		5. PURPOSE OF EXAMINATION <u>Annual Physical</u>	6. DATE OF EXAMINATION <u>2-1-61</u>
7. SEX <u>M.</u>	8. RACE <u>W.</u>	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH <u>8-12-11</u>	
13. PLACE OF BIRTH <u>Munfordville, Ky.</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) <u>Good</u>			

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<u>71</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<u>71</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	<u>46</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS	<u>51</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD CANCER	
AND	<u>47</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS	<u>41</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
	<u>37</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, Erysipelas	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	<input checked="" type="checkbox"/>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Appendectomy Age - 20
Tonsilectomy - Age 35

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Still has discomfort in rt. side at times

b6
b7C

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
CAPT. MC, U.S.	FEB 1 '61		

NOTE:

PLEASE RETURN ORIGINAL TO STAFF CLINIC FOR INCLUSION
IN AGENT'S PHYSICAL EXAM FOLDER. THANK YOU.

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

SURGERY

FROM: (Requesting ward, unit, or activity)

STAFF CLINIC

DATE OF REQUEST

1 Feb., 1961

REASON FOR REQUEST (Complaints and findings)

This FBI SA has a history of pain in the right side for the past 3 to 5 years. The pain seems to start in the region of an old appendectomy scar - may spread to right or to back and lately has spread to the left side.

During the time he has had this pain he has had G.U., G.I. evaluations, Barium enema, etc. with negative results. Last year he had a consultation with gastroenterology, who suggested alcohol injections or surgery as the pain seems to increase in severity and is present so much of the time - the patient feels inclined to undergo surgery, if indicated.

Please examine and advise. Thank you

PROVISIONAL DIAGNOSIS

DU (Surgical Evaluation)

b6
b7C

DOCTOR

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE ☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

CAPT., MC, USN

CONSULTATION REPORT

2-8-61 @ 2:00 T-12 cancelled per his request.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

BAUMBARDNER, FRED JACKSON

SPECIAL AGENT, FBI

ENCLOSURE

CONSULTATION SHEET
Standard Form 513

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee BAUMGARDNER Fred JACKSON
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No *NA*

ENCLOSURE

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C


 (Signature of Medical Examiner)

MAR 15 1961
 (Date)

June 21, 1961

PERSONAL

JUN 21 3 39 PM '61

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am especially pleased to commend you for your outstanding performance in the over-all direction of the investigation of the Sabotage case involving [redacted] and [redacted] and in special recognition thereof I have approved an incentive award for you. There is enclosed a check in the amount of \$164.00, which represents an award of \$200.00 less withholding tax.

The success achieved in this difficult case can be attributed in no small degree to the exceptional ability, leadership and judgment you demonstrated in affording the field guidance throughout the investigation, especially with regard to the arrest of the subjects. The prestige of the Bureau has been greatly enhanced as a result of your effective efforts and you should indeed be proud. I do not want the opportunity to pass without expressing my appreciation.

MAILED 25

JUN 21 1961

COMM-FBI

REC-132

Sincerely yours,
J. Edgar Hoover

Enclosure

1 - Mr. Sullivan (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - Miss [redacted] (Sent Direct)

AFH:hm:m

(5)

67-136594

Award #723-61

Based on memo W. C. Sullivan to Mr. Belmont, WCS:blw, 6-21-61 and addendum Administrative Division, NEM:crt, 6-21-61.

Tolson _____
Belmont _____
Mohr _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Ingram _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

December 4, 1961

PERSONAL

Dear Mr. Baumgardner:

I just want to add my congratulations to those of your many friends on this, your Twenty-second Anniversary in the Bureau. I do hope this will be a happy occasion for you and that the Bureau will have the benefit of your services in the years that follow.

Sincerely,

J. EDGAR HOOVER

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.	
TIME	7:00 PM
DATE	12-4-61
BY	

Tolson _____
Belmont _____
Mohr _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Ingram _____
Gandy _____

JEH:edm (3)

Anniversary 12/4 - Mon. SEC-142

MAIL ROOM ☐ TELETYPE UNIT ☐

1 - 346
DEC 4 1961
[Signature]

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. A. H. Belmont

DATE: June 21, 1961

FROM : Mr. W. C. Sullivan

1 - Mr. Belmont
 1 - Mr. Mohr
 1 - Mr. Callahan
 1 - Mr. Sullivan

SUBJECT:

SABOTAGE

Tolson _____
 Belmont _____
 Mohr _____
 Callahan _____
 Conrad _____
 DeLoach _____
 Evans _____
 Malone _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Ingram _____
 Gandy _____

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 b7C

b6
 b7C

BACKGROUND:Early on Sunday morning,

. Within ten minutes

All

these stations which were the property of the American Telegraph and Telephone were destroyed. Damage was estimated at \$1,250,000. Since these relay stations are part of the chain which carries vital defense communications, their deliberate destruction brought the matter within the Bureau's jurisdiction as a possible sabotage violation.

These explosions caused extreme concern on the part of the military and the press on a nationwide basis. The Bureau, both at the Seat of Government and in the field, were besieged with inquiries concerning these acts of sabotage.

A nationwide alert was placed by the Air Defense Command for fear there would be other acts of sabotage which would adversely affect the national security. Numerous states called out their National Guards to protect similar facilities located within their boundaries. The War Room of the Pentagon made anxious inquiries regarding this situation.

We immediately instituted an investigation with the Salt Lake City Division acting as Office of Origin. This investigation quickly spread over most of the domestic offices and there were also leads for our Legal Attaches in foreign countries.

After an exhaustive investigation we were successful in identifying and apprehending the subjects in this investigation.

WCS:blw
 (5)

Enclosures

17 JUN 23 1961

See Addendum Administrative Division page 7a.

ORIGINAL FILED IN

PERS. FILES

Memorandum to Mr. Belmont
RE: [REDACTED]

b6
b7C

COMMENDATORY ACTION

SEAT OF GOVERNMENT PERSONNEL:

In view of the excellent work performed by Bureau personnel both in the field and at the Seat of Government there is set out herein recommendations for incentive awards and letters of commendation for the deserving personnel.

Domestic Intelligence Division:

Section Chief Fred J. Baumgardner:

It is recommended that Section Chief Baumgardner be granted an incentive award in the amount of \$200 for the consistent outstanding overall direction he afforded to this investigation from its inception. He was in frequent contact with the field by telephone and on a daily basis consulted with the Seat of Government Supervisor and made helpful suggestions throughout the investigation, especially on the afternoon of 6-17-61 when the subjects were located in Ensenada, Mexico. He worked out with SAC Blaylock the overall plan which resulted in the arrest of the subjects in Mexico. In addition, on the night of 6-17-61 he consulted at length with Departmental attorneys in order to obtain from them the complaint which was subsequently used before the United States Commissioner in Nevada in obtaining warrants for the arrests of the subjects. Also, throughout the night on 6/17-18/61 he coordinated our negotiations with the Mexicans by telephone with our Salt Lake City and San Diego Offices. Mr. Baumgardner made an outstanding contribution to the successful conclusion of this investigation. It is therefore recommended that he be afforded an incentive award in the amount of \$200.

[REDACTED]

Mr. [REDACTED] supervised this case at the Seat of Government from its inception. The investigation covered the majority of our offices, including leads abroad. Mr. [REDACTED] cut through tremendous volumes of paper and kept the field headed in the right direction at all times. He used initiative in deciding what investigative steps would be most productive and sent numerous instructions by teletype to the field. He also furnished the field helpful information obtained from file reviews. His work was instrumental in breaking this case. In view of his outstanding performance it is recommended Mr. [REDACTED] be afforded an incentive award in the amount of \$200.

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Memorandum to Mr. Belmont

RE: TELSAB [REDACTED]
98-45626

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b7C

Joseph A. Sizoo

As No. 1 Man of the Domestic Intelligence Division, Mr. Sizoo made helpful suggestions of a policy nature throughout the investigation. He answered telephonic questions from the field and contributed materially to the success of the case. He should be commended.

[REDACTED]
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Mr. [REDACTED], a Seat of Government supervisor, has worked closely with Mr. Farr on this case. He has assisted in making dissemination and in numerous other ways since the inception of the case. He has worked a number of nights and weekends and has contributed materially to the over-all success of the investigation. Therefore, it is recommended he be afforded a letter of commendation for his contributions in this matter.

Andrew J. Decker

Mr. Decker is the night supervisor for the Domestic Intelligence Division. During the early morning hours of 6-19-61 Mr. Decker handled several telephone calls from the field in connection with this matter and promptly prepared a memorandum which was available for the Director and Bureau officials at the opening of business on 6-19-61. In addition, during the course of the investigation, Mr. Decker reviewed incoming teletypes during the night and in the event any immediate action was necessary, consulted with the supervisor handling the case and then took appropriate action. Mr. Decker handled his assignment in connection with this matter in an intelligent and vigorous manner. It is recommended, in view of his over-all excellent performance in connection with this case, he be afforded a letter of commendation.

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Miss [REDACTED]

Miss [REDACTED] is the Stenographer who has handled most of the dictation in connection with this case. She also acted as Secretary to Supervisor [REDACTED] to whom this case is assigned, since the beginning of the case. She has handled much of the routine administrative matters incidental to a big case of this type on her own initiative. She has worked long hours without regard for her own convenience. In view of her over-all excellent attitude and the excellent manner in which she has performed, it is recommended she be afforded a letter of commendation.

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Miss [REDACTED]

Miss [REDACTED] is the Clerk assigned to Mr. [REDACTED]. During this entire investigation she has assisted in file reviews

Memorandum to Mr. Belmont

RE: TELSAB [REDACTED]

98-45626

and handled the many clerical functions incidental to a case of this magnitude on her own initiative. She has proved of invaluable assistance to Mr. [REDACTED] and her alert and enthusiastic approach to her duties are worthy of special mention.

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Therefore, it is recommended that she be afforded a letter of commendation in view of her over-all excellent performance.

Laboratory Division (Recommended by Briggs White No. 1 Man of Division)

Special Agents George A. Berley and [REDACTED] of the Laboratory were sent to the scenes of the three explosions. After flying nearly all night, they arrived at Salt Lake City at 7:15 a.m., 5-29-61. They immediately went to the scenes of the three explosions and did an excellent job in supervising the technical phases of the crime scene searches, collection of evidence and preliminary evaluation of the specimens recovered. Evidence from the scenes were brought to the Laboratory by Berley and [REDACTED] and they correlated and supervised the technical aspects of the examinations relating to the explosives phase of the case. They handled dangerous explosives at the scenes and their over-all handling of the technical phases of the case was outstanding and important to the successful outcome.

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Special Agent [REDACTED] of the Laboratory handled literally hundreds of document examinations and comparisons all on an extremely expedite basis and made highly significant findings identifying subject Brous with threatening type letters that play an important role in the case. Much of the work was done after regular working hours and on weekends. Special Agent [REDACTED] worked on this case Tuesday (holiday) 5-30, Saturday 6-3, Saturday 6-10, Sunday 6-11 and Saturday 6-17 contributing many hours of his personal time on a VOT basis. Therefore, it is recommended that Special Agents George A. Berley, [REDACTED] and [REDACTED] be afforded letters of commendation for their superior contribution and performance in this case.

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Identification Division (Recommended by Assistant Director Trotter)

A large amount of evidence was forwarded to the Identification Division for processing for latent fingerprints in this case. Among the many latents developed were two on a cement bag found at the rear of one of the buildings destroyed. These latents were compared with the prints of all named suspects.

Memorandum to Mr. Belmont

RE: TELSAB [REDACTED]

98-45626

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On 6-17-61 Latent Fingerprint Examiner [REDACTED] compared the prints of suspect [REDACTED] with all the latents developed in this case. He identified the two latents appearing on the cement bag with the fingerprints of [REDACTED]. This identification definitely placed [REDACTED] at the scene of the crime. The examination which was conducted by [REDACTED] late Saturday afternoon, 6-17-61, was handled in a most commendable manner. The identification was made from fragmentary fingerprint impressions and [REDACTED] exercised unusual skill and ingenuity in making this identification. It is, therefore, recommended that [REDACTED] be commended by letter for his work in this case. b6
b7C

Crime Records Division (Recommended by Assistant Director DeLoach)

Mr. DeLoach advised that Robert E. Wick, No. 1 Man of the Division, and Supervisors Charles E. Moore, Jr., and Harold P. Leinbaugh prepared the press release in connection with this case. These men prepared an excellent release, as a result of which nationwide publicity favorable to the Bureau was received. They approached their task enthusiastically and all three performed in an above-average manner. In view of this, Mr. DeLoach recommended these men be afforded letters of commendation.

FIELD PERSONNEL:

Salt Lake City Division:

SAC Leonard Blaylock:

As soon as this case broke SAC Blaylock of our Salt Lake City Office took personal charge of this investigation. As Office of Origin he organized the investigation in his Division so that the most would be gained from the man power at his disposal. The investigation spread rapidly and SAC Blaylock demonstrated he possessed the necessary scope to cope with an investigation of this magnitude. He saw to it that all leads were handled by teletype or telephone and organized his office administratively so that reports and other communications were submitted to the Bureau promptly. He was on top of the situation at all times and in the very beginning arranged to have Agents flown to the scene of the explosions by helicopter. He maintained this pace throughout the investigation. During the course of the investigation

Memorandum to Mr. Belmont

RE:

he also handled inquiries from the local military people as well as top officials of American Telegraph and Telephone who flew to Salt Lake City from New York City to supervise reinstallation of the damaged relay stations. SAC Blaylock handled this case in an aggressive, enthusiastic manner and performed in an above average fashion. Therefore, it is recommended he be afforded an incentive award of \$250.

San Diego Division:

SAC Frank L. Price:

Upon receiving information from the Los Angeles Office that the subjects had possibly left Wilmington, California, aboard the ship "Monsoon" took personal charge of the investigation to locate the boat and the subjects. He dispatched an Agent to Ensenada, Mexico, to locate the boat and when it was located proceeded there and personally supervised the arrangements to have Mexican officials arrest the subjects and search the boat. An arsenal of arms and ammunition was found aboard the boat and he insisted in the evaluation of the evidence. SAC Price participated in the interviews in Mexico of the subjects and established liaison with Mexican authorities to protect the Bureau's interests. He thereafter took personal command of the arrests of the subjects when they were deported by Mexican authorities and arranged for their arraignment before the United States Commissioner at San Diego, California. SAC Price afforded alert, aggressive and sound leadership in the highly delicate negotiations with Mexican authorities and was able to protect the Bureau's interests at all times. In view of his outstanding performance it is recommended he be afforded an incentive award in the amount of \$250.

In addition to the incentive awards for SACs Blaylock and Price mentioned above, a number of field offices whose Agents performed outstanding work on this case submitted recommendations for their personnel by teletype. The Administrative Division is handling these recommendations separately based on the information set forth in the teletypes.

In order that a brief picture of the recommendations made by the field may be had, there is set out below by office the number of incentive awards and commendations recommended.

Memorandum to Mr. Belmont

RE: TELSAB [REDACTED]

98-45626

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Salt Lake City Division

- 1 incentive award
- 9 individual letters of commendation
- 1 general letter to the office

San Diego Division

- 1 incentive award
- 13 individual letters of commendation
- 1 general letter to the office

Los Angeles Division

- 2 incentive awards
- 5 individual letters of commendation
- 1 general letter to the office

El Paso Division

- 2 letters of commendation (individual)

New Orleans Division

- 1 individual letter of commendation

Las Vegas Division

- 1 individual letter of commendation

Houston Division

- 1 general letter to the office

New York City Division

- 1 general letter to the office

ACTION:

If you approve, this memorandum should be forwarded to the Administrative Division for appropriate consideration.

[Handwritten signature]
W.E.S.
↓

1132

ADDENDUM ADMINISTRATIVE DIVISION NEM:crt 6-21-61

Based on information submitted by Domestic Intelligence Division, the Laboratory, Identification Division and the Crime Records Division, in addition to that furnished by a number of SACs, it is obvious that this important Sabotage case was handled in an exemplary manner and special recognition is warranted. The following are deserving of incentive awards:

SAC Blaylock, Salt Lake City, for the outstanding manner in which he personally took charge of the investigation in his division and was on top of the situation at all times. He handled many inquiries from local military people, as well as officials of American Telegraph and Telephone who were in Salt Lake City.

SAC Price, San Diego, who directed an alert, aggressive and highly delicate investigation with Mexican authorities which included location, arrest and extradition of subjects from Mexico and their arraignment and incarceration in San Diego. b6
b7c

SOG Supervisor who supervised case at SOG from inception handling a tremendous volume of expedite communications to and from field offices with helpful instructions which were instrumental in breaking this case.

SOG Section Chief Baumgardner for the outstanding direction afforded this investigation from the Bureau. He coordinated all contacts with SACs, Departmental attorneys and Mexican authorities and made many helpful suggestions throughout the investigation.

BUREAU RECORDS:

SAC Blaylock EOD 10-14-40, Grade GS 15, \$15,030. During the past three years services satisfactory with three censures and six commendations. Rated Satisfactory on 1961 annual performance rating. Completely available, weight within desirable limits and overtime above the office average five of past six months.

SAC Price EOD 2-3-41, Grade GS 16, \$15,255. During the past three years services satisfactory with two censures, 13 commendations and two incentive awards, the last on 4-20-61 in recognition of Outstanding 1961 annual performance rating. Completely available and weight within desirable limits. Overtime exceeded the office average each of past six months.

ADDENDUM: (Continued)

Section Chief Baumgardner EOD 12-4-39, Grade GS 16, \$15,515. During the past three years services satisfactory although on 9-16-58 he was censured and placed on probation for derelictions noted during inspection. Removed from probation 3-11-59. Commended on ten occasions and received two incentive awards. Rated Excellent on 1961 annual performance rating. Completely available, weight within desirable limits and overtime exceeded division average each of past six months.

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SOG Supervisor [] EOD 1-11-43, Grade GS 14, \$13,250. During the past three years services satisfactory with no censures or commendations. Rated Excellent on 1961 annual performance rating. Completely available, weight within desirable limits and overtime above the division average four of past six months.

Based on approved tables for determining the amounts of incentive awards the performances of these men are considered to be of moderate value and broad application to the work of the Bureau entitling them to awards of from \$150 to \$300.

As outlined in the foregoing by Domestic Intelligence Division a number of other SOG personnel are deserving of individual commendations.

Included in the recommendation for commendations is SOG Supervisor Harold P. Leinbaugh, #3 Man of the Crime Records Division who was censured and placed on probation 4-27-61 for failure to exercise good judgment in approving an outgoing communication transmitting a large volume of literature to an individual outside the Bureau. However, in view of his splendid performance in the preparation of the press release in connection with this case it is felt that he should be commended.

RECOMMENDATIONS:

(1) That SACs Leonard Blaylock and Frank L. Price each be approved for an incentive award in the amount of \$250.00 (Amount recommended is in line with previous awards granted for similar performances.)

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b7C

(2) That Section Chief Fred J. Baumgardner and SOG Supervisor [] each be approved for an incentive award in the amount of \$200.00 (Amount recommended is in line with previous awards granted for similar performances.)

ADDENDUM: (Continued)

RECOMMENDATIONS: (Continued)

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b7c

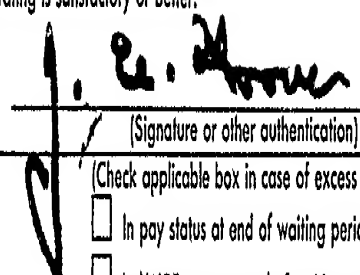
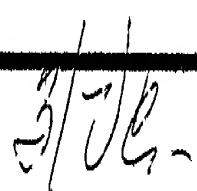
(3) That individual letters of commendation be directed to #1 Man Joseph A. Sizoo, Supervisor [redacted] Night Supervisor Andrew R. Decker, Stenographer [redacted] and Clerk [redacted] of the Domestic Intelligence Division; SAs George A. Berley, [redacted] and [redacted] of the Laboratory; Latent Fingerprint Examiner [redacted] of the Identification Division; and, #1 Man Robert E. Wick and Supervisors Charles E. Moore, Jr., and Harold P. Leinbaugh of the Crime Records Division.

(4) It is also felt that Assistant to the Director Alan H. Belmont should be commended for the major contributions he made to the over-all direction of this case.

If approved, appropriate letters are attached.

✓ [signature] 6/21
GRV

[signature]

1. Agency and organizational designations FBI, U. S. DEPT. OF JUSTICE						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) #11914 MR. FRED J. BAUMGARDNER SA (Chief of the Internal Security Section)						6. Grade and salary G3 16 \$15,775					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:								11. Appropriation(s)		12. Prepared by	
										13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase _____											
14. Effective date 12-24-61	15. Date last equivalent increase 6-13-60	16. Old salary rate \$15,515	17. New salary rate \$15,775	18. Performance rating is satisfactory or better. <div style="text-align: right; margin-top: 10px;">  (Signature or other authentication) </div>							
19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.							
STANDARD FORM NO-11266 6 GAO 8000 1126-507				PAYROLL CHANGE SLIP — PERSONNEL COPY <div style="text-align: right; margin-top: 20px;">  </div>							

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

O

Name of Examinee BAUMGARDNER, FRED JACKSON
(Type or print) *Last* *First* *Middle*

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

X . Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

X ☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

X ☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☒ No ☐ Yes


67 NOT RECORDED
8 DEC 13 1961

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☐ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

X 
 (Signature of Medical Examiner)

X 12/5/61
 (Date)

b6
b7C

REPORT OF MEDICAL EXAMINATION

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, Fred Jackson			2. GRADE AND COMPONENT OR POSITION S.A.		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 1-26-62	
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY		11. ORGANIZATION UNIT
12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH MUNSFORDVILLE, KY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NMNC				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	X
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
NE	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	X
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Small scaling lesion lower lip

Scaling identified lesion 2. foreleg
REC-133
3/mek

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments I—Nonrestorable teeth XXX—Replaced by dentures																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
G													X				T
H																	
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
No dental defects

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.012		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN Neg.		No X-ray taken per SA Baumgardner's desires	
C. SUGAR Neg.		Check was made with X-ray department for	
47. SEROLOGY (Specify test used and result)		their advice in view of the fact	
48. EKG WNL		that he had X-rays while hospitalized here	
49. BLOOD TYPE AND RH FACTOR		in December 1961. X-ray department said	
FEB 21 1962		OK in view of SA Baumgardner's fear of	
R597		too many in a short period of time.	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68	52. WEIGHT 157	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE 97
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 135 DIAS. 85	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 88	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		61. 75M NEAR VISION
RIGHT 20/20	CORR. TO 20/	BY S. OX	CORR. TO 20/6		BY lens
LEFT 20/20	CORR. TO 20/	BY S. OX	CORR. TO 20/6		BY lens
62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	AOC-1940 18/18		UNCORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED-LENS TEST	
69. INTRAOCULAR TENSION		70. HEARING		71. AUDIOMETER	
RIGHT WV 15 /15 SV 15 /15		LEFT WV 15 /15 SV 15 /15		250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192	
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY			

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Patient complains of pain in anterior part of tongue, lateral border area and distal to the tip. 8 months duration. No pathology or clinical evidence noted. CP?

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE
	P U L H E S
77. EXAMINEE (Check)	B. PHYSICAL CATEGORY
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR	A B C E
B. <input type="checkbox"/> IS NOT QUALIFIED FOR	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	
79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE
	NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.
103

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, Fred JACKSON		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) Munnsfordville, Kentucky		5. PURPOSE OF EXAMINATION Annual-Physical		6. DATE OF EXAMINATION 1-26-62	
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	
11. ORGANIZATION UNIT		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH Munnsfordville, Kentucky		16. OTHER INFORMATION	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS					

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER	74	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS		
MOTHER	74	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS		
SPOUSE	47	Good				<input checked="" type="checkbox"/>	HAD DIABETES		
	52	Good				<input checked="" type="checkbox"/>	HAD CANCER	Mother	
BROTHERS	47	Good				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE		
AND	41	Good				<input checked="" type="checkbox"/>	HAD HEART TROUBLE		
SISTERS	38	Good				<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE		
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	Mother	
CHILDREN						<input checked="" type="checkbox"/>	HAD ASTHMA/HAY FEVER/HIVES	Mother	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)		
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE		
						<input checked="" type="checkbox"/>	BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY—A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?			
								26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Tonsilectomy - 1944 - 33 yrs old
Appendectomy - 20 yrs old

b6
b7C

Dr. [redacted] - Washington, D.C.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Fred JACKSON Baumgardner

Fred J Baumgardner

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Recent back trouble

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee
(Type or print)

BAUMGARDNER Fred JACKSON
Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

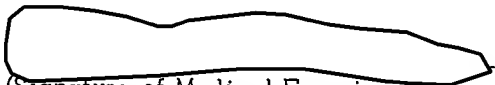
Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C


 (Signature of Medical Examiner)

Jan 26, 1962
 (Date)

September 20, 1962

PERSONAL

SEP 20 4 32 PM '62
FBI
RECEIVED ROOM

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

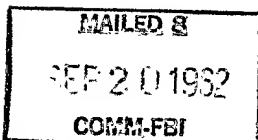
Dear Mr. Baumgardner:

I have received your suggestion concerning publicity for my new book during the presentation of a forthcoming television show about the Bureau. After careful consideration of several factors, among which was the possible conflict with the interests of the sponsors of the program, it was decided that your proposal should not be adopted.

Although your idea was not adopted in this instance, I want to thank you for giving me the benefit of your thoughts on this matter.

Sincerely yours,

REC-158



- 1 - Mr. Sullivan
- 1 - Personnel file of SA Fred J. Baumgardner

JER:jmh (Suggestion #235-63 dated 8/31/62)
(5)

Tolson _____
Belmont _____
Mohr _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

NOTE:

Based on memorandum Mr. F. J. Baumgardner to Mr. W. C. Sullivan, 8/31/62, FJB:lml, re: "A Study of Communism" by J. Edgar Hoover and memo M. A. Jones to Mr. DeLoach, 9/17/62, JCFM:mas, re: "A Study of Communism," Proposal to Mention on FBI's Television Spectacular.

REC-10

pmw

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. DeLoach

DATE: September 17, 1962

FROM : M. *[Signature]*

SUBJECT: "A STUDY OF COMMUNISM"
PROPOSAL TO MENTION ON FBI'S
TELEVISION SPECTACULAR
235-63

Tolson _____
DeLoach _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Mr. F. J. Baumgardner suggested in a memorandum to Assistant Director Sullivan on 8-31-62 that the Director's new book could be brought to the attention of the viewing audience when the FBI's spectacular is presented on television. Mr. Baumgardner suggested an announcement and a brief statement about the book if possible.

The suggestion certainly has merit; however, it is believed it should not be adopted. This television program will be commercially sponsored and an announcement on the program about the Director's new book might infer commercialization on the part of the FBI. Further, it is believed that such an announcement would detract from the television show itself and it is therefore felt that we should not do this.

RECOMMENDATION:

For information.

1 - Mr. DeLoach
1 - Mr. Sullivan

JCFM:maz

(4) *maz*

g. [unclear] [unclear]
ank

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. W. C. Sullivan

DATE: August 31, 1962

FROM : Mr. F. J. Baumgardner

SUBJECT: "A STUDY OF COMMUNISM"
BY J. EDGAR HOOVER
#235-63

Tolson	_____
Belmont	_____
Mohr	_____
Wick	_____
DeLoach	_____
Evans	_____
Malone	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

It is essential in the interest of the security of our country to have the Director's new book "A Study of Communism" brought to the attention of the public as rapidly as possible. Once people know the book is available, many of them will be eager to read it.

With this in mind, I suggest that arrangements be made for an announcement and, if possible, a brief statement about the nature and value of the book to be made on the forthcoming television spectacular about the FBI which is scheduled to appear within the next few weeks. There will be at least forty million people watching this television show and if a proper introduction of the book is made it should arouse the interest of a large number of the viewing audience.

In view of the fact that this book was prepared as a public service and in the interest of educating Americans to the terrible dangers of communism, it would seem we could work out with the television people as a public service gesture the proper introduction of the Director's new book at the beginning or close of the television show.

In the event you agree, it is suggested this memorandum be forwarded to Assistant Director DeLoach for appropriate consideration.

FJB:lml

(4)

- 1 - Mr. Sullivan
1 - Mr. Baumgardner
1 - Mr. R. W. Smith
- Wes
- 14

December 4, 1962

PERSONAL

Dear Mr. Baumgardner:

I want to extend my congratulations to you on this, your Twenty-third Anniversary in the FBI. Your loyalty and devotion to duty are fine examples for your associates, and I hope the Bureau has the benefit of your services for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

SENT FROM D. O.	
TIME	8:35 AM
DATE	12-4-62
BY	[Signature]

Anniversary 12/4 - Tuesday

JEH:edm (3)

Tolson _____
Belmont _____
Mohr _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holloman _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

107- [unclear] - 354
DEC 10 1962

January 31, 1963

PERSONAL

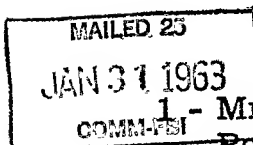
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

JAN 31 5 14 PM '63
REC'D-READING ROOM
FBI

Dear Mr. Baumgardner:

Your over-all supervision at the Seat of Government of the handling of a confidential source of information of considerable significance to the Bureau in the security field is indeed superior and I am taking this opportunity to commend you.

The continuing success of this vitally important and extremely delicate operation can be attributed in a large measure to the high degree of imagination, thoroughness and initiative you have displayed in carrying out your numerous and various responsibilities. Your dedicated and aggressive leadership is a definite credit to you and to the FBI and I want you to know of my appreciation.



REC-130

Sincerely yours,
J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)
Re: SOLO, Internal Security-C

b6
b7C



Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

1 - Miss [] (Sent Direct)

CTP:bjb
(5)
67-136594

Based on memo Baumgardner to Sullivan 1/24/63 and addendum
Administrative Division 1/25/63 re: "SOLO, Internal Security-C."

MAIL ROOM ☐ TELETYPE UNIT ☐

1. Agency and organizational designations FBI						2. Payroll period		3. Block No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate) #11914 MR. FRED J. BAUMGARDNER						6. Grade and salary Supv. SA (Chief of the Internal Security Section) GS 15 Step 4 \$17,500						
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks: Work is of an acceptable level of competence.						11. Appropriation(s)			12. Prepared by			
									13. Audited by			
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase _____												
14. Effective date 12-23-62		15. Date last equivalent increase 12-24-61		16. Old salary rate \$17,000		17. New salary rate \$17,500		18. Performance rating is satisfactory or better. <div style="text-align: right;">  (Signature or other authentication) </div>				
19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s): Period(s):						<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP: _____ <div style="text-align: right;"> <input checked="" type="checkbox"/> (Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. </div>						
STANDARD FORM NO. 1126 6 GAO 8000 1126-109						PAYROLL CHANGE SLIP—PERSONNEL COPY <div style="text-align: right;">  </div>						

REPORT OF MEDICAL EXAMINATION

#5
F.B.I.
88-10

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Baumgardner Fred Jackson</i>			2. GRADE AND COMPONENT OR POSITION <i>SPL AGT - FBI</i>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <i>Annual Physical</i>		6. DATE OF EXAMINATION <i>1-9-63</i>	
7. SEX <i>M.</i>	8. RACE <i>White</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY		11. ORGANIZATION UNIT
12. DATE OF BIRTH <i>8-17-11</i>		13. PLACE OF BIRTH <i>Munsterfordville, Kentucky</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>NMC</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each abnormality. Continue in item 73 and use additional sheets if necessary.)

*Pain in rectum
Consult.*

20. SINUSES

This report has been reviewed and initialed by agent

REC-132

67-181581-357
4 FEB 13 1963

2/10/63

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES <i>caries as noted.</i> <i>loss mandibularis (right)</i>	
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F		
T		6											X				T		

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.018</i>		46. CHEST X-RAY (Place, date, film number and result) <i>4620-63 Normal.</i>	
B. ALBUMIN <i>Neg.</i>		D. MICROSCOPIC <i>Neg.</i>	
C. SUGAR <i>Neg.</i>		49. BLOOD TYPE AND RH FACTOR <i>WNL</i>	
47. SEROLOGY (Specify test used and result)		50. OTHER TESTS	

100 FEB 14 1963

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68		52. WEIGHT 160		53. COLOR HAIR Brown - Grey		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE			
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)									
A. SITTING SYS. 130 DIAS. 90		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 80		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION							
RIGHT 20/20 CORR. TO 20/				BY S. OX				CORR. TO BY							
LEFT 20/20 CORR. TO 20/				BY S. OX				CORR. TO BY							
62. HETEROPHORIA (Specify distance)															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result) Roci 1840 18/18				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED			
RIGHT LEFT												CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV 15 /15 SV 15 /15				250 268 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192											
LEFT WV 15 /15 SV 15 /15				RIGHT											
				LEFT											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

OK call to SP
near vision is OK
per his personal physician.
3/17/63
mm

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Pain section

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Consult

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

b6
b7C

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

NUMBER OF ATTACHED SHEETS
100-544365
U.S. GOVERNMENT PRINTING OFFICE: 1960 O-544365

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, Fred JACKSON		2. GRADE AND COMPONENT OR POSITION SPL. AGT-FBI		3. IDENTIFICATION	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 1-9-63	
7. SEX M.	8. RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN		10. DEPARTMENT, AGENCY, OR SERVICE	
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH Munfordville, Ky	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) Good					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	75	Good					HAD TUBERCULOSIS	
MOTHER	75	Good					HAD SYPHILIS	
SPOUSE	48	Good					HAD DIABETES	
BROTHERS	54	Good					HAD CANCER	Mother
AND	48	Good					HAD KIDNEY TROUBLE	
SISTERS	42	Good					HAD HEART TROUBLE	Uncle
	40	Good					HAD STOMACH TROUBLE	
CHILDREN							HAD RHEUMATISM (Arthritis)	
							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:			
<input checked="" type="checkbox"/>		WORN GLASSES	<input checked="" type="checkbox"/>		ATTEMPTED SUICIDE	<input type="checkbox"/>		BEEN PREGNANT	<input type="checkbox"/>		AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>		WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>		BEEN A SLEEP WALKER	<input type="checkbox"/>		HAD A VAGINAL DISCHARGE	<input type="checkbox"/>		INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>		WORN HEARING AIDS	<input checked="" type="checkbox"/>		LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>		BEEN TREATED FOR A FEMALE DISORDER	<input type="checkbox"/>		DURATION OF PERIODS
<input checked="" type="checkbox"/>		STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>		COUGHED UP BLOOD	<input type="checkbox"/>		HAD PAINFUL MENSTRUATION	<input type="checkbox"/>		DATE OF LAST PERIOD
<input checked="" type="checkbox"/>		WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>		bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>		HAD IRREGULAR MENSTRUATION	<input type="checkbox"/>		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?			
								26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

WJG

67-156-11-357

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

1. Appendectomy
2. Tonsilectomy

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Fred S. Baumgardner

Fred S. Baumgardner

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Being checked by Int medium

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee BAUMGARDNER Fred JACKSON
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

~~ENCLOSURE~~

67-151-357

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

REC'D. F. U. I.
JAN 23 4 45 PM '63

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C

(Signature)

CAPT. MC USN

1/9/63

(Date)

MEDICAL REPORTS

Personnel File of Baumgardner, Fred Jackson

Personnel File No. _____



3/1/40

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

BAUMGARDNER, FRED J. FBI

Staff clinic,

AGE SEX (Check one)

☐ BEDSIDE, WHEELCHAIR, ☐ BED
☐ OR STRETCHER ☐ PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

17358-57

DATE OF REPORT

RADIOGRAPHIC REPORT

11/13/57 CERVICAL SPINE: No abnormality is demonstrated. MWO:egc

Department of Radiology
U.S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland

Mc
LCDR MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

GPO c9-16-58906-5+

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

RADIOGRAPHIC REPORT

PATIENT'S NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

STAFF CLINIC

C O P Y

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

b6

b7C

BAUMGARDNER, FRED J.

FBI

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical inspiration, if used)

DR.

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

7643-58

DATE OF REPORT

RADIOGRAPHIC REPORT

3-24-58 G.I. SERIES: At fluoroscopy no abnormality of the esophagus, x stomach, or duodenum was identified. Subsequent spot and follow up films do not reveal any abnormality. Serial films taken over a three hour period do not reveal any abnormality of the small bowel. At the end of three hours the head of the barium meal is at the hepatic flexure. No abnormality is identified in the terminal ileum or proximal large bowel.

b6

IMPRESSION: Normal esophagus, stomach, and small bowel, and duodenum. JCO/dmc

b7C

/s/

LCDR MC USN

Department of Radiology

U.S. Naval Hospital

National Naval Medical Center
Bethesda 14, Maryland

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 619A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FRED JACKSON		REGISTER NO. FBI	WARD NO. Staff Clinic
	REQUESTED BY Dr. 		DATE OF REQUEST 8-28-53	
	EXAMINATION REQUESTED G.I. SERIES		AGE 42	SEX M
			IDENTIFICATION NO.	

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

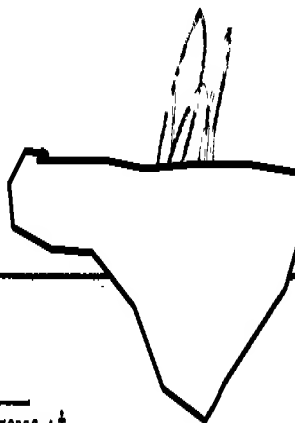
8555-53

RADIOGRAPHIC REPORT	FILM NO.	DATE OF REPORT
		8-28-53

Upper GI - No pathology demonstrable in the esophagus. Some irregularity is noted along the greater curvature of the stomach. This probably merely represents large folds of mucous membrane in this area. However, a carcinomatous process cannot be completely excluded. If warranted by clinical symptoms, re-examination is suggested. ~~The duodenum and~~ The duodenum and upper jejunum are well seen and appear normal.

IP: Probable normal upper GI tract.

b6
b7C



THIS IS NOT PART OF REQUESTING FACILITY

Standard Form 519A (Rev. Feb. 1951)
 Promulgated by Bureau of the Budget
 Circular A-32

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GPO c0-16-56908-1†

RADIOGRAPHIC REPORTS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Gynecology Staff Clinic FROM: (Requesting ward, unit or activity) DATE OF REQUEST 2/6/53

REASON FOR REQUEST (Complaints and findings)

mixed - This man has hemorrhoids, mixed. Would you suggest I - What?

b6
b7C

PROVISIONAL DIAGNOSIS

Hemorrhoids, mixed

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ ROUTINE

☐ EMERGENCY

CONSULTATION REPORT

3-6-53. Has 3 hypertrophied anal papillae which are only pathology noted to account for symptoms. One medium sized internal hemorrhoid.

Advise removal only for symptoms - not mandatory at this time.

b6
b7C

(Continued on reverse side)

SIGNATURE AND TITLE _____ DATE _____ IDENTIFICATION NO. _____ ORGANIZATION _____
PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME _____ REGISTER NO. _____ WARD NO. _____
OSAM MARTIN, FRED

CONSULTATION SHEET
Standard Form 513

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE
3/6/53

About 3 years ago became aware of feeling of discomfort upon sitting. This is constant. Passed red blood in stool 2 mos. ago, stimulated at 2 tps. Stool - ok. no constip. Occas. pain on defecation.

Seen by L.M.D. 3 yrs. ago. Told had few small hem. Hemorrhoids mixed

b6
b7C

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Baumgartner, Fred.

REGISTER NO.

3131

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

BAUMGARDNER, Fred Jackson

REGISTER NO.

WARD NO.

Staff Clinic

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

Dr

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

b6

b7C

FILM NO.

7643-58

DATE OF REPORT

RADIOGRAPHIC REPORT

3/14/58 CERVICAL SPINE: There is noted minimal arthritic changes about the covertebral joints of C4,5. The oblique views do not show encroachment into the neural foramina. The vertebral bodies and interspaces are well maintained in height and alignment. RIGHT HAND: Negative study. WJM/hcb

b6

b7C

Department of Radiology

U.S. Naval Hospital

National Naval Medical Center

Bethesda 14, Maryland

LT. MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

GPO c9-16-58906-54

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

RADIOGRAPHIC REPORT

PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME

REGISTER NO.

WARD NO.

BAUMGARDNER, Fred J. FBI

Staff Clinic

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED☐ PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

Dr.

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

b6

b7C

FILM NO.

7643-58

DATE OF REPORT

RADIOGRAPHIC REPORT

3/24/58 G.I. SERIES: At fluoroscopy no abnormality of the esophagus, stomach, or duodenum was identified. Subsequent spot and follow up films do not reveal any abnormality. Serial films taken over a three hour period do not reveal any abnormality of the small bowel. At the end of three hours the head of the barium meal is at the hepatic flexure. No abnormality is identified in the terminal ileum or proximal large bowel.

IMPRESSION: Normal esophagus, stomach, and small bowel, and duodenum. JCO/dmc

Department of Radiology
U.S. Naval Hospital

National Naval Medical Center
Bethesda 14, Maryland

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

GPO c9-16-58908-54

RADIOGRAPHIC REPORT

April 20th

11:30

5-1-12

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Proctology

FROM: (Requesting ward, unit, or activity) Staff Clinic, NNMC
Bethesda, Maryland

DATE OF REQUEST

28 Mar. 56

REASON FOR REQUEST (Complaints and findings)

C.C. Pain in rectum.

Some pain c. b.m., and when sitting for long time.
Has skin tag on anus. Finds it difficult to clean
rectum after b.m.

PROVISIONAL DIAGNOSIS

D.V.

b6

b7C

DOCTOR

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

June 8 12:00
T-12

6.8.56. Small external hemorrhoid & few
internal hemorrhoids of no surgical
significance. Sigmoidoscopy to 5" thorough
neg. Symptoms suggest a fissure
which has healed. Difficulty in
keeping clean not on anatomical basis.
May be related to diet.

b6
b7C

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

BAUMGARDNER, Fred J.

REGISTER NO.

WARD NO.

Staff Clinic

CONSULTATION SHEET

Standard Form 513

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

F.B.I.

STAFF CLINIC

BAUMGARDNER, FRED JACKSON

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

Dr

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

b6

b7C

FILM NO.

6566-55

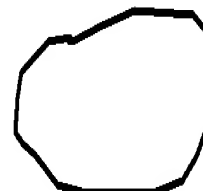
DATE OF REPORT

RADIOGRAPHIC REPORT

5-11-55

Chest: Examination reveals that the previously noted density behind the heart shadow is merely calcification in the ~~axial~~ cartilagenous portion of the costo-condyloid junction of the anterior portion of the left 4th and 5th ribs. It is also noted that there is a small, somewhat calcific density 4 or 5 mms. in diameter in the right costophrenic sulcus.

IMP: Healthy chest. GLL/E



Lt MC USN

b6

b7C

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1964)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

GPO c0-16-56906-5†

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

RADIOGRAPHIC REPORT

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FRED JACKSON	REGISTER NO. FBI	WARD NO. Staff Clinic
	REQUESTED BY DR. 	DATE OF REQUEST 4-28-54	
EXAMINATION REQUESTED G.I. SERIES, CHEST &		AGE 42	SEX Male
IDENTIFICATION NO.			

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

5350-54

RADIOGRAPHIC REPORT FILM NO. DATE OF REPORT

GI series reveals a normal ~~esophagus~~ esophagus, stomach and duodenum.

Examination of the chest shows the cardiac shadow to be within the limits of normal. The lung fields are clear bilaterally. There is a Ghon complex in the right base. Examination of the chest with particular reference to the sternoclavicular joints show the films to be slightly underexposed. However no abnormalities are noted. There is a suggestion of calcification in the region of the supraspinatus tendon bilaterally.

b6
b7C

[Handwritten signature]

 LT MCUSN

SIGNATURE: (SPECIFY LOCATION OF LABORATORY IF NOT PART OF REQUESTING FACILITY)

USNH NMMC BETHESDA, MD.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GPO c9-16-50006-4†

Standard Form 519A (Rev. Feb. 1951)
 Promulgated by Bureau of the Budget
 Circular A-32

RADIOGRAPHIC REPORTS

4-28-54

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

FROM: (Requesting ward, unit, or activity)

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

12/30/53 Four days ago had onset of right lower chest pain which initially got worse, but has since been subsiding. Started after playing golf with no prior trouble of this type. Not aggravated by deep breathing. Tender.

P.E.: Tenderness just to right of inferior end of sternum

Dx: Muscle strain

Rx: Isoprinvent.

b6
b7C

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

BARNARD FRED J. FBI

REGISTER NO.

WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION
Standard Form

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
-----	--	-----------------

REASON FOR REQUEST (Complaints and findings)

Referred from FBI

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
--------------------	----------	--	--

CONSULTATION REPORT

7-23-53

This patient complains of pain in the left lower chest and arm since 1 July 1953. The pain was first noted in the morning following working hard in the garden the evening before and has been present intermittently since. The occurrence of pain has, at present, ~~no~~ relationship to physical exertion. The pain seems worse after a large meal and is relieved by walking. A co-worker in the same office died following a heart attack three weeks ago. Past and family histories were non-contributory.

Physical examination was entirely within normal limits. An ECG was within normal limits.

Impression: No organic heart disease. X-ray chest, lumbar-thoracic spine ordered. Aspirin for relief of discomfort.

8-1-53

CB3 and x-ray of thoracic-lumbar spine and chest were normal.

Impression: The patient's symptoms could possibly be related to a diaphragmatic hernia and a G.I. series was suggested. However, I believe that the symptoms are not severe enough to warrant extensive investigation in that direction. I think that the symptoms were probably due to intercostal neuralgia, which is self limited, and that the patient is somewhat apprehensive because of the death of a close associate from heart disease. There is no evidence of cardiac disease in the case.

b6
b7C

(Continued on reverse side)

DATE	IDENTIFICATION NO.	ORGANIZATION
9-4-53		
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
BAUMGARDNER, FRED J. FBI		ST. CLINIC

USNH, BETHESDA, MD.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET
Standard Form 513

~~From Dr. [illegible]~~

THURS.
MAY 7-1:00

~~Monday Apr 20 10:00~~

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

G.S.U.

FROM: (Requesting ward, unit, or activity)

STAFF CLINIC - ROOM 11

DATE OF REQUEST

4/7/53.

REASON FOR REQUEST (Complaints and findings)

Nocturia almost g. nite.
diminished force of stream. Feels
of fullness at rectum when I sit
down. Should like your opinion

PROVISIONAL DIAGNOSIS

Dissectrophy, benign, prostate.

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE ☐ ON CALL

☐ ROUTINE

☐ EMERGENCY

CONSULTATION REPORT

5-7-53.

Examination of the urine is entirely negative.
Abdomen is normal. Penis and testes are
normal. Rectal sphincter is normal. There
is congestion and fullness of the prostate
and seminal vesicles but massage yields
normal prostatic secretion.
F14 urethral catheter passes into the
bladder with ease and there is no
residual urine.

Impression: Physiologic congestion of
prostate + seminal vesicles
no specific treatment indicated except
hot sitz baths.

b6
b7C

(Continued on reverse side)

DATE

5/7/53

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

BAUMGARDNER, Fred

REGISTER NO.

F.G.T.

WARD NO.

STAFF CLINIC - CONSULTATION SHEET

Standard Form 513

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Tues 10:30

CCT 5

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

Dermatologist

FROM: (Requesting ward, unit, or activity)

SDA

DATE OF REQUEST

10/1/54

REASON FOR REQUEST (Complaints and findings)

Has noticed small growth on at temple post few
mths - would appreciate your advice as to Dr. D.

b6
b7C

PROVISIONAL DIAGNOSIS

? verruca at forehead.

DOCTOR

[Redacted]

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

11-16-54

Agent does not wish to return.
condition has cleared

b6
b7C

[Redacted]

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

BAUMGAERTNER Fred

REGISTER NO.

FBI

WARD NO.

Staff Officer

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET
Standard Form 513

x2/58

MEDICAL REPORTS

Personnel File of BAUMGARINER FRED J.

Personnel File No. 67-

(67)

ND

ED

3
RHD

Please Return Copy
to Staf (111-
For Cu a 15

1230 hrs
Feb 63
Procto clinic

U. S. GOVERNMENT PRINTING OFFICE: 1961-631347

CLINICAL RECORD

CONSULTATION SHEET

b6
b7C

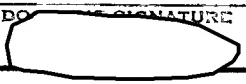
REQUEST		
TO: <i>Proctology</i>	FROM: <i>Staf (111-1515) (Requesting and, and, Practically) Bethesda, Maryland</i>	DATE OF REQUEST <i>1/9/63</i>

REASON FOR REQUEST (Complaints and findings)

Has had pain in rectum - especially at night. Prostate normal in size & consistency. Please see & advise

PROVISIONAL DIAGNOSIS

b6
b7C

DOCTOR'S SIGNATURE 	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
---	----------	--	--

CONSULTATION REPORT

3/1/63 Had ano-rectal pain for several wks. - none for past 3-4 wks. Ex's not aggravated by stool particularly. No rectal bleeding or undue constipation. Scope passed to 25 cm. - ease. No lesions or masses seen Except for redundant ext. hemorrhoidal tag. Mucosa of bowel appears normal. Imp: Normal bowel to 25 cm.

b6
b7C

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
---------------------	------	--------------------	--------------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. WARD NO.

B A MCGARNER, Fred J. F.B.I.

CONSULTATION SHEET
Standard Form 513
513-104-02

6 Feb 1962

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

Dermatology

FROM: (Requesting ward, unit, or activity)

Staff clinic

DATE OF REQUEST

Jan 26, 1962

REASON FOR REQUEST (Complaints and findings)

50 y/o FBI SA. Developed several red spots on arms & lower lip last summer. Have gradually cleared except for one area on l. arm which is indented and crusty & scales. also has a smaller less obvious similar lesion on lower lip.

Please see & advise

PROVISIONAL DIAGNOSIS

b6
b7C

Thank you

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE ☐ ON CALL

☐ EMERGENCY
☐ ROUTINE

CONSULTATION REPORT

2/6/62. — Several Seborrheic Keratosis
on arms & lower lip -
- scheduled for removal -

b6
b7C

2/28/62 - Seborrheic Keratosis lower left
lip & one on 3rd finger
left hand removed by curettage
& destruction. — To treat
Keratosis on arms & V. done A.
Ret 2-3 wks

SIGNATURE AND TITLE

DATE

IDENTIFICATION

ON NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

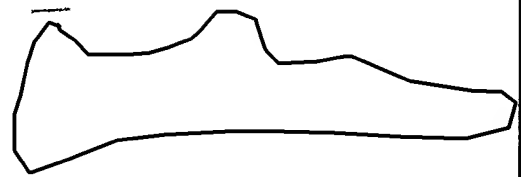
Baumgardner, Fred J.
FBI

REGISTER NO.

WARD NO.

CONSULTATION SHEET
Standard Form 513

4/3/62 Herpes Simplex vesicles
The area previously described.
R = Parathion



b6
b7C

June 24, 1963

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D.C.

Dear Mr. Baumgardner:

You performed in a superior fashion in the over-all supervision at the Seat of Government of the handling of a confidential source of information of vital importance to the Bureau in the security field and I am taking this occasion to commend you.

You were most effective and resourceful in directing this delicate operation and the excellent results that have been realized are proof of your ability to handle such assignments. In addition, you displayed exemplary adroitness and keenness in the suggestions you made relative to the evaluation of the information the source furnished and its dissemination. Your expert leadership in this significant area of our work is certainly appreciated.

Sincerely yours,
J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)
Re: SOLO, Internal Security-Communist

1 - Miss [] (Sent Direct)

CTP:crt

(5)

67-136594

Based on memo Baumgardner to Sullivan 6-13-63 and addendum Administrative Division 6-17-63 re: "SOLO, Internal Security-Communist."

MAIL ROOM ☐ TELETYPE UNIT ☐

REC'D-READING ROOM
JUN 24 3 44 PM '63

REC-131

-359

JUN 24 1963
COMM-FBI

Mr. Tolson
Mr. DeLoach
Mr. Mohr
Mr. Bishop
Mr. Casper
Mr. Callahan
Mr. Conrad
Mr. Felt
Mr. Gale
Mr. Rosen
Mr. Sullivan
Mr. Tavel
Mr. Trotter
Tele. Room
Miss Holmes
Miss Gandy

MEDICAL REPORTS

Personnel File of BAUMGARDNER, FRED JACKSON

Personnel File No. 67-136594

40
67-NO. RECORDED
10 AUG 17 1967

3/rdd

sst 12-14-61

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION 11-15-61	DATE OF DISCHARGE 12-5-61	NUMBER OF DAYS HOSPITALIZED	

(Sign and date at end of narrative)
Admission diagnosis: ACUTE LUMBOSACRAL STRAIN #8331

Discharge diagnosis: ACUTE LUMBOSACRAL STRAIN #8331
CORONARY INSUFFICIENCY #XI(C)xy

SUMMARY:

This 50 year old white male was admitted with a ten day history of low back pain. Ten days prior to admission while doing some physical exertion the patient noted the onset of low back pain, non-radiating in character. During the preceding ten days the pain had gradually become worse and prevented him from performing his duties. The pain was made worse by sitting or motion. The patient has had intermittent episodes of back pain since 1940. He was hospitalized in 1940 for one month because of his condition. On past history it was noted that he had been having substernal pain not associated with exertion for the previous two months. He had also been on hypertensive drugs. The remainder of the past history, family history, and review of systems were noncontributory to the present admission.

On physical examination the temperature was normal, the pulse was regular and 88, the blood pressure was 150/100. The significant positive findings were confined to the trunk which revealed a loss of lumbar curvature and limitation of motion in all planes. The straight leg raising test was negative bilaterally and there was no evidence of neurological deficit. X-rays of the lumbosacral area did not reveal any significant abnormalities.

The patient was placed on bed rest, heat, and muscle relaxants. His back became progressively better and he was started on ultrasonic therapy and exercises. The back condition improved to the point where he could be discharged as of 5 December 1961, however not to return to full duty for a couple of weeks but to be followed as an outpatient.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)		REGISTER NO. J-317590	WARD NO.

BAUMGARDNER FRED J. FBI
U.S. Naval Hospital, Bethesda, Maryland

NARRATIVE SUMMARY
Standard Form 502
502-106-02

Handwritten signature: JFB
Handwritten note: Copy made 12-14-61

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	

(Sign and date at end of narrative)

The patient was seen by the medical consultants who recommended that a master two step test be performed to rule out any possibility cardiac origin of his substernal pain. The master two step test was performed and it was the opinion of the cardiologist that the patient had coronary insufficiency. His electrocardiogram was normal as was the laboratory and GI series. The cardiologist advised the patient as to his condition and will see him as an outpatient.

b6
b7C

LT MC USN

APPROVED:

ORTHOPEDICS

b6
b7C

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. J-317590	WARD NO.

BAUMGARDNER FRED J. FBI
U.S. Naval Hospital, Bethesda, Maryland

NARRATIVE SUMMARY
Standard Form 502
502-106-02

[Handwritten signature]

CLINICAL RECORD

CONSULTATION SHEET

REQUEST


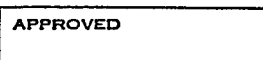
TO: EAR CLINIC FROM: (Requesting ward, unit, or activity) STAFF CLINIC DATE OF REQUEST 3-13-59

REASON FOR REQUEST (Complaints and findings)

This FBI SA appeared this date for his annual physical examination and it was noted he has never been afforded an audiogram. Please do audiogram for record purposes.

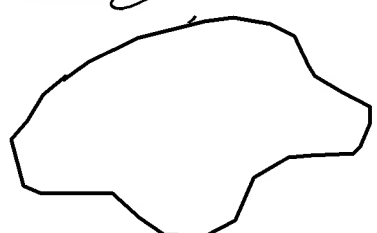
b6
b7C

PROVISIONAL DIAGNOSIS

DOCTOR  APPROVED  PLACE OF CONSULTATION ☐ BEDSIDE ☒ ON CALL ☐ EMERGENCY ☒ ROUTINE
CAPT. MC, USN CONSULTATION REPORT

3-13-59 Audiogram shows a slight loss on the high range of the H. ZAR. Right is normal. This loss is of no clinical significance.

b6
b7C



(Continued on reverse side)

SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) REGISTER NO. WARD NO.
Staff Clinic

BAUMGARDNER, FRED J.

SPECIAL AGENT, FBI

CONSULTATION SHEET
Standard Form 513

PRNC-NMVC-75

NAM

AGE

AIR CONDUCTION

[illegible]

BONE CONDUCTION

[illegible]

SPEECH RECEPTION

DATE		SPOND.		OTHER	MIC.		REC.	DATE		SPOND.		OTHER	MIC.		REC.		
	RIGHT								RIGHT								
	LEFT								LEFT								
	FREE FIELD								FREE FIELD								
DATE		Pb.	AT	%	MIC.		REC.	EXAMINER	DATE		Pb.	AT	%	MIC.		REC.	EXAMINER
	RIGHT								RIGHT								
	LEFT								LEFT								
	FREE FIELD								FREE FIELD								

REMARKS

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

REGISTER NO.

WARD NO.

063-0C

Staff clinic

BAUMGARDNER FRED J. BFI

AGE SEX (Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

b6

b7C

FILM NO.

10304-59

DATE OF REPORT

RADIOGRAPHIC REPORT

11/30/59 ORAL CHOLECYSTOGRAM: There is good concentration of the radiopaque media within the gallbladder in the right upper quadrant of the abdomen. No evidence of calculi or other abnormality is identified. Following the fatty meal the gallbladder is seen to contract in a normal fashion.
IMPRESSION: Negative study. 063-0C DEM:egc

b6
b7C

Department of Radiology
U.S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland



LT MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Cardiology, USNH, Bethesda, Md. T-14

5 December 1961

I saw Mr. Baumgardner today shortly prior to his discharge from the hospital and talked with him again at some length. It is obvious that some of the discomfort that he is having cannot be anginal in nature. Yet as I explained to him I cannot discount the episode of weakness in early September of this year associated with cardiac awareness, and the fact that his double strength exercise test is positive. I felt, consequently, that we had to consider that he had arteriosclerotic heart disease but emphasized to him that I did not believe that the discomfort that he was experiencing was due to that situation alone. I explained to him that I felt that he should go about his normal activities but that he should avoid strenuous physical effort and detailed this to him in specific terms. I also advised him that I thought it was wise for him to take Cardilate 7.5 mgs. 4 times a day and to have nitroglycerine available in case he developed angina of effort. I further told Mr. Baumgardner that since there was some difference of opinion as to whether or not he had any coronary artery disease between ourselves and the doctors who saw him in Louisville, Ky.; it would be in his best interests to obtain another opinion. I emphasized that this would be worthwhile not only in terms of getting another opinion but also in order for him to have a local doctor to whom he could turn if he were to get into any difficulty. I gave to Mr. Baumgardner the names of several of the better known cardiologists in this area.

JJD/hcb

CDR MC USN

b6
b7C

JJD

T-14

BAUMGARDNER, Fred J. CIV HUM
USNH, Bethesda, Md.

Cardiology

T-14 Orthopedics.

11/28/61

schedule

Please ~~evaluate~~ and do master step test. Routine ECG was done within the past two weeks.

Precordial chest discomfort. ? gastritis.



b6
b7C

30 November 1961

Mr. Baumgardner's resting cardiogram is normal and unchanged from cardiograms on him that go back for a decade (we have annual cardiograms by virtue of his being a Special Agent for the FBI).

Clinically the patient's story is suggestive but not diagnostic of coronary artery insufficiency. He first began to experience trouble immediately after the Labor Day weekend. At that time his only problem was marked fatigue without cause and an occasional sensation of his heart "skipping a beat". Because of these symptoms he elected to take some vacation in late September. Shortly after retiring one night in his native city of Louisville the patient experienced a "tightness" over his lower chest with the sensation of his heart beating rapidly. The substernal tightness (which was lower than the usual area for coronary insufficiency) lasted for about 10 minutes. The patient during this time had a feeling of impending doom but did not, apparently, hyperventilate. A physician was called who arrived shortly after the discomfort had ceased. He gave the patient a sedative but advised him to be hospitalized the following day. The patient was hospitalized in Louisville for a matter of several days and, from his description, fairly extensive studies were carried out. He had a cardiogram ^{and} had a number of blood tests drawn (presumably enzyme determinations); after which he was told that he had not had a heart attack. He had a gallbladder study with normal findings. He had a G.I. series which revealed, according to what was told the patient, cardiospasm. He was given phenobarbital.

OVER

BAUMGARDNER, Fred J. CIV HUM

T-14

Since that time the patient has not had any episode of chest discomfort as significant as the one in Louisville but he has had a number of episodes of more short-lived low substernal tightness and now notices that after this he is left with a residual discomfort in the area of his left nipple for about $\frac{1}{2}$ hour. He does not experience dyspnea or sweating with these episodes and they are not exertional in nature nor are they more likely to occur when the patient is lying down. He has not noted that belching or passing gas by rectum will relieve the episodes but has been aware of more "indigestion" in recent months. There is no good relationship with food intake, however, in terms of its giving him his low substernal discomfort. The patient was told that his blood pressure was 180/120 at the time that he was having his discomfort in Louisville (or rather shortly thereafter when the doctor arrived) which was surprising to him since he has always been normotensive to his knowledge. I closely questioned the patient about other symptoms or signs suggestive of pheochromocytoma (since he apparently had hypertension and had some pounding of his heart with ventricular beats) but could not elicit any good history in that regard. The patient has been given nitroglycerine once for his substernal discomfort with equivocal results.

Since we were not asked to see the patient in consultation but merely to perform an exercise tolerance test I did not do a detailed cardiovascular examination on the patient. I did feel for adrenal tumor with negative results. His heart was normal to auscultatory exam. He was overweight which is strong evidence against pheochromocytoma and appeared to be possibly a little older than his chronologic 50 years of age (incidentally there is no good family history of heart trouble. His blood pressure was 180/106 when I first took it but by the time I got the Regitine ready for the performance of a Regitine test his pressure had declined to 150/94. I elected to do the Regitine test anyway. It was negative but it should be emphasized that the test is of little value when the diastolic pressure is less than 110 mm. Hg.

The exercise test was performed. The patient became quite fatigued during the test but developed no discomfort. I have interpreted the exercise test as being positive in terms of QX/QT and in terms of the ST segment depression in the lateral precordial leads. If one is entitled to quantitate positivity in exercise tests I would quantitate this particular one as "slightly positive". Nevertheless, I do believe that it represents an abnormal response to exercise.

As mentioned above we were only asked to perform an exercise test on this patient and I do not wish to express ~~an~~ a gratuitous opinion. This man has considerable apprehension already which has been allayed to some extent by what the doctors in Louisville told him. These doctors saw something in a G.I. series the details of which I do not know. Nevertheless his story was suspicious of coronary insufficiency, the fact that he developed a fair amount of dyspnea in doing a standard exercise test is difficult to reconcile with cardiospasm; and the fact that the exercise test was abnormal is indicative of some degree of coronary insufficiency. Thus I personally feel that his symptomatology can be more logically ascribed to coronary insufficiency than to gastro-intestinal causes exclusively. It may be that the patient has cardiospasm which can account for some of his discomfort or act as a trigger mechanism but I do believe that coronary insufficiency is also present.

Please do not hesitate to contact me if you would care to know of — my recommendations in a situation such as this.

JJB/hcb

CDR MC USN

b6
b7c

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

BAUMGARDNER, Fred J FB1

REGISTER NO.

WARD NO.

Staff Clinic

DATE OF REQUEST

30 Dec 1958

(Check one)

☐ BED PATIENT

☒ AMBULATORY

(Above space for mechanical imprinting, if used)

CHECK (✓) EXAM. REQUESTED	RESULTS
✓ COLOR-APPEARANCE	PALE straw color
✓ REACTION	ACID
✓ SPECIFIC GRAVITY	1.007
✓ ALBUMIN (Qual.)	NEG
ALBUMIN (Quant.)	
✓ SUGAR (Qual.)	NEG
SUGAR (Quant.)	
ACETONE	
DIACETIC ACID	
BILE	

OTHER TESTS OR EXAMINATIONS (Specify)

WBC 1-2 Hb
 EPITHELIAL CELLS few
 CRYSTALS occasional amorphous
 REMARKS TS

DATE OF REQUEST

SIGNATURE

QUESTION

USNR

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

☒ MICROSCOPIC

Standard Form 514A—Rev. August 1954. Promulgated

By Bureau of the Budget—Circular A-32

U. S. GOVERNMENT PRINTING OFFICE: 1956-406297

URINALYSIS

CLINICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR	MEDICATION-TREATMENT	OBSERVATIONS
2/24/59	1135	Codiere q.s. T	as ordered
	1315	Demerol 15 mgm	as Ordered
	1315	1000 cc. D/w 5% sol	DL'd @ 1800 by P.M. crew. fall back
	2215	Demerol 75 mg	for very severe pain in L. R. Q. extending laterally to the posterior L. R. Q.
	2230	Tinct. of Belladonna q.t. } in H ₂ O for minor nausea Aludrox 75 } V/O Bx. Real.	
2/25	0420	Demerol 75 mg	for pain in same region as charted @ 2215.
	0500		Pose night marked by intermittent pain apparently quite severe.

b6
b7C

b6
b7C

b6
b7C

Continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

7-13

Baumgardner, J.

NURSING NOTES
Standard Form 510

1-13-59
1400

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: G.-U. Department

FROM: (Requesting ward, unit, or activity)
Staff Clinic

DATE OF REQUEST

30 Dec 1958

REASON FOR REQUEST (Complaints and findings)

C.C. Pain in rt. side + groin

This FBI SA has had above complaint since last summer. The pain occurs inter mittently, at times it runs down into the rt. testicles. Denies dysuria, but has frequency when the pain occurs, has not noticed any redness to urine. Please examine & advise

PROVISIONAL DIAGNOSIS

b6
b7C

DO

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

1-15-59

History of several months duration pain which is in region of rt. CUP on & rt. lower quadrant. Not related to meals or activity. Feels fatigued. No dysuria or hematuria. Has had some frequency of bowel movements to "soreness" in anal region.

Exam - Normal external genitalia. Slight tenderness in rt. CUP. Urine 9 - occ. WBC. UG - Neg.

b6
b7C

Prostate, Digital Exam secretion 10-15 WBC's & clumps
IDP scheduled for Mon. 17 Jan

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORG

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

BAUMGARDNER, Fred J. FBI

REGISTER NO.

WARD NO.

Staff Clinic

CONSULTATION SHEET

Standard Form 513

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

2/24/59

Cysto - Negative

Urethroscopy - No prostatic hypertrophy
~~the~~ moderate hyperemia of Rt
lat prostatic urethra only.

Neck - N. Distal urethra - N
Bilat Retros.

b6
b7c

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509

12065

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

Barrington, Fred

b6

b7C

REQUESTED BY

Dr. [redacted]

DATE OF REQUEST

2-24-59

(Check one)

☐

BED PATIENT

☐

AMBULATORY

(Above space for mechanical imprinting, if used)

PROVISIONAL DIAGNOSIS

ANTIBACTERIAL THERAPY (Specify)

SPECIMEN AND SOURCE

Rt. Kidney

EXAMINATION REQUESTED

Cult. & Sens.

REPORT

b6

b7C

Culture: No growth

DATE OF REPORT

SIGNATURE (S)

[redacted] (testing facility)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

FEB 26 1959

Standard Form 514K (Rev. Aug. 1954)

Promulgated by Bureau of the Budget Circular A-32

BACTERIOLOGY

12063

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Baumgardner, Isaac

REGISTER NO.

WARD NO.

11
11

b6

b7C

REQUESTED BY

Dr.

DATE OF REQUEST

2-24-58

(Check one)

☐

BED PATIENT

☐

AMBULATORY

(Above space for mechanical imprinting, if used)

PROVISIONAL DIAGNOSIS

ANTIBACTERIAL THERAPY (Specify)

SPECIMEN AND SOURCE

R. A. Kachney

EXAMINATION REQUESTED

Cult & ...

REPORT

Culture: No growth

b6

b7C

DATE OF REPORT SIGNATURE (Specify Lab)

FEB 26 1958

[Signature]

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 514K (Rev. Aug. 1954)

Promulgated by Bureau of the Budget Circular A-32

177. MSG, USN

BACTERIOLOGY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

William J. King, F.D.

REQUESTED

DATE OF REQUEST

1-15-59

DATE, TIME SPECIMEN COLLECTED

(Check one)

☐ BED PATIENT

AMBULATORY

(Above space for mechanical imprinting, if used)

EXAM. REQUESTED	RESULTS
COLOR-APPEARANCE	
REACTION	
SPECIFIC GRAVITY	
ALBUMIN (Qual.)	
ALBUMIN (Quant.)	
SUGAR (Qual.)	
SUGAR (Quant.)	
ACETONE	
DIACETIC ACID	
BILE	

OTHER TESTS OR EXAMINATIONS (Specify)

REMARKS

U - Dec 430

U - Negative

DATE OF REPORT

SIGNATURE (specify Lab. if not part of requesting facility)

1-15-59

L. H.

NAME OF

☒ MICROSCOPIC

PATIENT'S NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

OP

BAUMGARDNER, FRED

FBI

AGE

SEX

(Check one)

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

RETROGRADE PYELOGRAM

REQUESTED BY

DR

DATE OF REQUEST

2-24-59

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

the and renal shadows are normal. Dye has been injected by means of catheters revealing kidneys and left ureter to be normal. The right ureter is poorly filled but review of previous intravenous pyelogram reveal it to be normal.

FILM NO. 0074-59

DATE OF REPORT

RADIOGRAPHIC REPORT

No cause is seen for the right lower quadrant discomfort.

b6

b7C

[Signature]

CAPT MC USN/jgh

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

UROLOGY CLINIC NH6 BETHESDA, MD.

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT

HT. 5'9" WT 170

b6
b7C

PATIENT'S NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

OP

BAUMGARDEN, FRED

FBI

AGE	SEX	(Check one)	
47	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY

Made because of right renal region and right lower quadrant discomfort.

EXAMINATION REQUESTED

EXCRETORY UROGRAMS

REQUESTED BY

DR

DATE OF REQUEST

1-19-59

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Osseous structures are normal. No stones are seen. Because of technical difficulties these x-rays are not too good. The left kidney maybe larger than normal, and the internal structure where seen is normal. The left ureter is normal. On the right side the kidney

FILM NO. 0074-59

DATE OF REPORT

RADIOGRAPHIC REPORT
maybe smaller than normal ~~xxxx~~ and the ureter is normal.

ADVISE: Cystoscopy and bilateral retrograde studies.

b6
b7C

CAPT MC USN/jmf

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-22 (Rev.)

UROLOG^V CLINIC NH6 BETHESDA, MD.

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

T-13

FROM: (Requesting ward, unit, or activity)

Q Clinic

DATE OF REQUEST

12 Feb 1959

REASON FOR REQUEST (Complaints and findings)

Please admit to T-13 on 24 Feb 1959 as
sleeper for hypnosis and interrogates.

PROVISIONAL DIAGNOSIS

b6
b7C

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

Orders for hypnosis -

1. Demoral 15 mgm at 0830 - Given @ 0830

2. Demoral 75 mgm on call to ap to, Given @ 0915

b6
b7C

Achromycin 250 mgm qid x 3 days

Give 1000 cc 5% D/NS this eve.

Demoral 75 mgm q 3-4 h prn for
severe pain.

Hot sitz bath for minor pain.

2/25 Phenergan 12.5 mgm PO stat

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Baumgardner, Fred J. FBI.

CONSULTATION SHEET
Standard Form 513

CLINICAL RECORD**OPERATION REPORT****PREOPERATIVE DIAGNOSIS**

b6
b7C

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
ANESTHETIST	ANESTHETIC XYLOCAINE 2%		TIME BEGAN TIME ENDED
SURGICAL NURSE MISSYRIXX	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
OPERATIVE DIAGNOSES		DRAINS (Kind and number)	SPONGE COUNT VERIFIED

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION**OPERATION PERFORMED**

URETHROSCOPY 556
OBSERVATION CYSTOSCOPY 547
RETROGRADE PYELOGRAMS 519

DESCRIPTION OF OPERATION (Type of suture used, gross findings, etc.)

MAJOR	MINOR XXXX	DATE OF OPERATION FEB 2 1959
-------	---------------	---------------------------------

A # F20 Mac Carthy panendoscope was passed with ease and a clear bladder specimen obtained. The bladder neck, prestatic urethra, and distal urethra were normal. There was no prostatic hypertrophy.

A #F21 BB cystoscope was passed easily and the bladder was everywhere normal. The ureteral orifices were normal. #F5 catheters were passed bilaterally to each renal pelvis and bilateral pyelo-ureterograms taken.

Bladder urine 0-2 RBC
Lt. Kid - Rare RBC
Rt. Kid - 0-3 RBC

b6
b7C

SIGNATURE OF SURGEON

LT, MC, USN
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

BAUMGARDNER, FRED FBI
UROLOGY CLINIC NH6 BETHESDA, MD.

REGISTER NO.

WARD NO.
OP**OPERATION REPORT**
Standard Form 516

October 14, 1963

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

OCT 14 10 25 AM '63
REC'D-READING ROOM
FBI

Dear Mr. Baumgardner:

It is a pleasure to commend you for your fine supervision at the Seat of Government of the handling of an extremely valuable confidential source of information of importance to the Bureau in the security field.

I am aware that this is a very sensitive and difficult operation and I was certainly impressed with the superior results achieved in the acquisition of much information not otherwise available. You displayed a high degree of ingenuity and resourcefulness in your over-all direction of this matter and I want you to know of my appreciation.

MAILED 19

OCT 14 1963

COMM-FBI

Sincerely yours,

J. Edgar Hoover

REC-360

1 - Mr. Sullivan (Personal Attention)
Re: SOLO, INTERNAL SECURITY-COMMUNIST

1 - Miss [] (Sent Direct)

b6
b7c

CTP:eaj

(5)

67-136594

Based on memo Baumgardner to Sullivan 10-2-63 and addendum Administrative Division 10-7-63 re: "SOLO, INTERNAL SECURITY-COMMUNIST."

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

December 4, 1963

PERSONAL

Dear Mr. Baumgardner:

It gives me a great deal of pleasure to extend my congratulations to you on your Twenty-fourth Anniversary in the FBI, and I hope the Bureau will have the benefit of your services for many years to come.

Sincerely,

J. EDGAR HOOVER

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

JEH:rm (3)
rm

Anniversary 12-4 - Wednesday

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

REC-155

67-361-361
112-1-1-1

SENT FROM D. O.
TIME 3:03 PM
DATE 12/5/63
BY C. R.

January 22, 1964

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

JAN 22 2 48 PM '64
REC'D-READING ROOM
FBI

Dear Mr. Baumgardner:

You are to be commended for your splendid supervision at the Seat of Government of the handling of a major source of information in the security field.

This is a very sensitive and difficult operation, yet superior results were achieved through your over-all guidance and direction. Please accept my sincere thanks.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)

Re: CG 5824-S*

1 - Miss [] (Sent Direct)

LRH:dks
(5)
67-136594

REC-131

b6
b7C

Based on memo Baumgardner-Sullivan 1-10-64 and addendum Administrative Division 1-15-64 re: "SOLO; INTERNAL SECURITY-COMMUNIST."

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

REPORT OF MEDICAL EXAMINATION

5

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER Fred Jackson		2. GRADE AND COMPONENT OR POSITION SPL. AGT - FBI		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 4870		5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 11-27-63	
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY		11. ORGANIZATION UNIT
9. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH Munitionsville, Kentucky		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
12. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NXMC		16. OTHER INFORMATION			
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	✓
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae (Prostate, if indicated)	✓
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#29: Chest pain: Grade 1
Will recommend
Cardiology Consult.
#32: Small ext.
hemorrhoid, NCF.

3 ENCLOSURE

1-22-64 SA
CRD-NPC - Rec
be placed in LB
with H1-

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES		
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																		
R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L E F T	Type 3 Class 1 No defects noted.
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.012		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN neg	D. MICROSCOPIC WNL	47. SEROLOGY (Specify test used and result)	
C. SUGAR neg	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	
50. OTHER TESTS		51. OTHER TESTS	

Cardiology Consult - See Report

3/11

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 8"		52. WEIGHT 160 1/2		53. COLOR HAIR White		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE									
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)															
A. SITTING		SYS. 142		B. RECUMBENT		SYS. 88		C. STANDING (3 min.)		SYS. 88		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.	
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION									
RIGHT 20/15 CORR. TO 20/						BY S. OX						20/15 CORR. TO 24/10 BY [Signature]									
LEFT 20/25 CORR. TO 20/						BY S. OX						20/25 CORR. TO 24/10 BY [Signature]									
62. HETEROPHORIA (Specify distance)																					
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD							
63. ACCOMMODATION						64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED			
RIGHT LEFT						AOC 1940 18/18												CORRECTED			
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION			
70. HEARING						71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV 15/15 SV 15/15						250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4026 6000 6144 8000 8192															
LEFT WV 15/15 SV 15/15						RIGHT															
						LEFT															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

- ① Chest pain, intermittent
- ② Hemorrhoid, ext. (NCD)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Cardiology Consult

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

b6
b7C

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.

(1) LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER Fred JACKSON		(2) GRADE AND COMPONENT OR POSITION SPECIAL AGENT-FBI		(3) IDENTIFICATION NO.	
(4) HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)		(5) PURPOSE OF EXAMINATION ANNUAL PHYSICAL		(6) DATE OF EXAMINATION 11-27-63	
(7) SEX M	(8) RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN		10. DEPARTMENT, AGENCY, OR SERVICE	
11. ORGANIZATION UNIT		12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH HART COUNTY KENTUCKY	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
(17) STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) Good					

(18) FAMILY HISTORY					(19) HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	76	Good				✓	HAD TUBERCULOSIS	
MOTHER	76	Good				✓	HAD SYPHILIS	
SPOUSE	50	Good				✓	HAD DIABETES	
BROTHERS	54	Good			✓		HAD CANCER	Mother
AND	45	Good				✓	HAD KIDNEY TROUBLE	
SISTERS	43	Good			✓		HAD HEART TROUBLE	Father
	40	Good				✓	HAD STOMACH TROUBLE	
CHILDREN					✓		HAD RHEUMATISM (Arthritis)	
						✓	HAD ASTHMA, HAY FEVER, HIVES	Mother
						✓	HAD EPILEPSY (Fits)	
						✓	COMMITTED SUICIDE	
						✓	BEEN INSANE	

(20) HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
✓		SCARLET FEVER, ERYSIPELAS	✓		GOITER	✓		TUMOR, GROWTH, CYST, CANCER	✓		"TRICK" OR LOCKED KNEE
✓		DIPHTHERIA	✓		TUBERCULOSIS	✓		RUPTURE	✓		FOOT TROUBLE
✓		RHEUMATIC FEVER	✓		SOAKING SWEATS (Night sweats)	✓		APPENDICITIS	✓		NEURITIS
✓		SWOLLEN OR PAINFUL JOINTS	✓		ASTHMA	✓		PILES OR RECTAL DISEASE	✓		PARALYSIS (Inc. infantile)
✓		MUMPS	✓		SHORTNESS OF BREATH	✓		FREQUENT OR PAINFUL URINATION	✓		EPILEPSY OR FITS
✓		WHOOPING COUGH	✓		PAIN OR PRESSURE IN CHEST	✓		KIDNEY STONE OR BLOOD IN URINE	✓		CAR, TRAIN, SEA, OR AIR SICKNESS
✓		FREQUENT OR SEVERE HEADACHE	✓		CHRONIC COUGH	✓		SUGAR OR ALBUMIN IN URINE	✓		FREQUENT TROUBLE SLEEPING
✓		DIZZINESS OR FAINTING SPELLS	✓		PALPITATION OR POUNDING HEART	✓		BOILS	✓		FREQUENT OR TERRIFYING NIGHTMARES
✓		EYE TROUBLE	✓		HIGH OR LOW BLOOD PRESSURE	✓		VENEREAL DISEASE	✓		DEPRESSION OR EXCESSIVE WORRY
✓		EAR, NOSE OR THROAT TROUBLE	✓		CRAMPS IN YOUR LEGS	✓		RECENT GAIN OR LOSS OF WEIGHT	✓		LOSS OF MEMORY OR AMNESIA
✓		RUNNING EARS	✓		FREQUENT INDIGESTION	✓		ARTHRITIS OR RHEUMATISM	✓		BED WETTING
✓		CHRONIC OR FREQUENT COLDS	✓		STOMACH, LIVER OR INTESTINAL TROUBLE	✓		BONE, JOINT, OR OTHER DEFORMITY	✓		NERVOUS TROUBLE OF ANY SORT
✓		SEVERE TOOTH OR GUM TROUBLE	✓		GALL BLADDER TROUBLE OR GALL STONES	✓		LAMENESS	✓		ANY DRUG OR NARCOTIC HABIT
✓		SINUSITIS	✓		JAUNDICE	✓		LOSS OF ARM, LEG, FINGER, OR TOE	✓		EXCESSIVE DRINKING HABIT
✓		HAY FEVER	✓		ANY REACTION TO SERUM, DRUG OR MEDICINE	✓		PAINFUL OR "TRICK" SHOULDER OR ELBOW	✓		HOMOSEXUAL TENDENCIES

(21) HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:			
✓		WORN GLASSES	✓		ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION
✓		WORN AN ARTIFICIAL EYE	✓		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS
✓		WORN HEARING AIDS	✓		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS
✓		STUTTERED OR STAMMERED	✓		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD
✓		WORN A BRACE OR BACK SUPPORT	✓		bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?			
								26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

67-136574-365

✓

YES

NO

CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT

		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	✓	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓	✓	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Washington, D.C.

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Tonsillectomy
appendectomy

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE
Fred J. Baumgardner

SIGNATURE
Fred J. Baumgardner

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Pt. periodically has recurrent
angular pain

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TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE
11-27-63

SIGNATURE

Physical
letter dated
11-27-63

CLINICAL RECORD

CONSULTATION SHEET

TO: Cardiology REQUEST FROM: St. John's Clinic DATE OF REQUEST: 11-27-63

REASON FOR REQUEST (Chief complaint): This 52 year old gentleman has a history of intermittent anginal chest pain radiating down to thumb on medial aspect of left arm. It is apparently unrelated to activity and not altered by position.

PROVISIONAL DIAGNOSIS

Angina

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

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10 January 1964

This 50 year old Caucasian male FBI agent was referred to this clinic for evaluation of intermittent chest pain of roughly two years duration. The patient states that for approximately the past two years he has had intermittent episodes of a pain in the left upper anterior chest, with frequent radiation down the medial side of the left arm as far as the elbow. He describes this pain as a feeling of fullness, not sharp or squeezing, which usually starts in the left anterior chest, but occasionally will begin in the epigastric area and radiate into the upper chest. This pain was initially noted to be of approximately 3-4 hours duration, however, over the past few months the patient states the pain has become more frequent and of longer duration. It now begins with fairly sudden onset, and is totally unrelated to activity, meals, or position. The only possible precipitating event that the patient notes is fatigue involved in working long hours at the office. At present his pain will last approximately 10-12 hours, and is unrelieved by rest, food ingestion, or antacid type medications. He also describes a discomfort located in the epigastrium, which occurs occasionally shortly after a meal, and which is described as a fullness in this area. This discomfort is of short duration and also not related to exertion. The patient otherwise states that he feels quite well, and there are no symptoms suggesting cardiac decompensation. There has been no recent weight change.

Review of the patient's Health Record reveals that he was initially seen in 1953 for what sounds like a similar type of chest pain, with similar radiation, and was told at that time that (diagnosis was no evidence of heart disease. Subsequently,

SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

CONSULTATION SHEET

Standard Form 513

513-104-02

Baumgardner, Fred Jackson
FBI Special Agent

he has had yearly cardiograms, all of which are interpreted as within normal limits. In November of 1961 he was seen in consultation in this clinic by Dr. Dempsey, who also felt that his symptoms did not sound like angina or other cardiac problem, however, noted a suspicious change in the exercise electrocardiogram, and felt that there was a possibility of some arteriosclerotic disease in this patient.

The patient's family history reveals that both parents are living, with no known heart disease, however, a maternal uncle apparently died of a heart attack.

Physical examination reveals a well-developed, well-nourished, Caucasian male in no distress. Blood pressure 130/80, pulse 80 and regular. The lungs were clear to percussion and auscultation. Cardiac examination revealed no evidence of clinical enlargement, lifts, or thrills. The second aortic sound was louder than the second pulmonic sound, with a physiologic splitting noted in the pulmonary area. There was no murmur, gallop, or rub noted. The neck veins were flat with the patient supine, and the H-J reflux was negative. Peripheral pulses were easily palpable. The remainder of the physical examination was essentially normal.

Electrocardiogram was again interpreted as being within the limits of normal.

Cardiac series of chest x-rays were within normal limits and revealed no evidence of cardiac chamber enlargement.

A Master's two-step exercise test was performed on this patient, and revealed significant depressions in the ST segments both immediately after exercise, and for a matter of minutes thereafter. This was felt to represent a positive exercise test.

Impression: By history and physical examination there again remains no good reason to suspect coronary artery disease in this patient. His resting electrocardiogram again remains within normal limits, and shows no change over the past 10 years. However, the post-exercise electrocardiogram, which was suspiciously positive in 1961 now is interpreted as definitely positive. This positive exercise test is felt to strongly imply the presence of arteriosclerotic disease of the coronary arteries. It is interesting to note that the patient experienced no pain during his exercise period, in spite of the definite ischemic changes noted on the cardiogram.

It is felt by the members of the Cardiology Department, including [redacted], that there is no indication at this time to limit this gentleman's present activities involved in his work as an FBI agent. He has been strongly advised to avoid strenuous exertion, as he was previously advised by [redacted] in 1961, but that he should continue to pursue his normal activities as previously. The patient has also been advised to return to this clinic at any time in the future if change in symptomatology suggestive of overt heart disease should appear.

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Thank you for the opportunity of seeing this interesting patient.

LT MC

DOC/hcb

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee BAUMGARDNER, Fred JACKSON
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☒ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No

☒ Yes

If "yes" please specify defects.

*No strenuous activity
pending Cardiology consult*

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No

☐ Yes

If "yes" please specify defects.

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE 67-1365-365

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds ☐ gain _____ pounds

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Remarks:

As per Cardiology Consult of Jan 10, 1964, it is felt that this man can continue his activities as an FBI agent but should avoid strenuous activity. With this in mind, he is per this date of 1-15-64 Physically Qualified.

(Signature of Medical Examiner)

11-27-63
(Date)

b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO Mr. W. C. Sullivan

DATE: 3-26-64

FROM Mr. F. J. Baumgardner

SUBJECT: FRED J. BAUMGARDNER
HEALTH MATTER

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

On my last annual physical examination at Bethesda Naval Hospital the doctors indicated I should not engage in strenuous activity and thereafter the Bureau placed me on limited duty.

I consulted with Dr. [redacted] who is recognized as one of the leading heart specialists in Washington, and made available to him a copy of the findings of the staff at Bethesda Naval Hospital. Dr. [redacted] assured me that I do not have any evidence of heart trouble and that I could engage in any activity required of me as a Special Agent of the FBI including strenuous activity such as making arrests, etc.

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There is attached a letter addressed "To Whom It May Concern" which sets forth [redacted] diagnosis.

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ACTION:

In view of this, I request that I be removed from limited duty.

Enc.

- 2 - [redacted] IT
- 1 - Mr. Mohr
1 - Mr. Callahan
1 - Mr. Sullivan
1 - Mr. Sizoo
1 - Mr. [redacted]
1 - Mr. Baumgardner

b6
b7C

FJB:jdd
(7)

APR 14 1964

3
WBSH


D.C.

March 24, 1964

To Whom It May Concern:

Mr. Fred J. Baumgardner was first seen by me on November 6th, 1961, and most recently on December 31st, 1963.

I have found Mr. Baumgardner on these occasions to be in normal health, without any evidences of cardiac or vascular, or any other disease, state. He therefore is to be considered as able to perform any duty that is part of his regular work without particular limitations. Any task required of him need not be restricted because of any physical handicap, as he has none.

b6
b7C

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee Baumgardner, Fred J.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

☒ Examinee ☐ is ☒ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- ☒ 1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☒ Yes If "yes" please specify defects. Atherosclerotic Heart Disease with positive exercise electrocardiogram and angina pectoris.

- ☒ 2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

- ~~3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No~~
~~If recommendation is based on a factor other than above standard, indicate basis _____~~

File
FBI
3
-369

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame "
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	164 - 180	173 - 196	183 - 210
6' 5"	169 - 185	178 - 202	188 - 216

3. Examinee's frame is ☐ small ☐ medium ☐ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds ☐ gain _____ pounds

b6
b7c

Remarks: _____

X _____
(Signature of Medical Officer)

X _____
(Date)

1 Apr 64

July 27, 1964

PERSONAL

JUL 27 3 10 PM '64
REC'D--READING ROOM
FBI

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

You are to be commended for the capable manner in which you carried out your responsibilities in the over-all supervision of the handling of a confidential source of information of great value to the FBI in the security field.

Your efforts in regard to this important phase of our operations are of the highest caliber and certainly contributed in no small degree to the successful results achieved. The ability, interest and thoroughness you displayed were particularly noteworthy and I want to take this occasion to express my appreciation.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)
Re: SOLO, IS-C

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b7C

1 - Miss [] (Sent Direct)

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

NJK 1273
(5)
67-136594

Based on memo Baumgardner to Sullivan 7-14-64 and addenda
Inspection Division 7-17-64 and Administrative Division 7-20-64.

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Mohr

DATE: November 3, 1964

FROM : Mr. Callahan *mc*

SUBJECT: FRED J. BAUMGARDNER
Special Agent (Chief of the Internal Security Section)
Domestic Intelligence Division
SERVICE AWARD LETTER
25th Anniversary 12-4-64

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

SA Fred J. Baumgardner, Chief of the Internal Security Section in the Domestic Intelligence Division, celebrates his 25th Anniversary of service with the Bureau on 12-4-64.

Since his 20th Anniversary on 12-4-59, he received 2 incentive awards: 5-10-60(\$300) for meriting an Outstanding performance rating and on 6-21-61(\$200) for over-all direction of the investigation of a Sabotage case. Commended on 12 occasions and censured once, 2-14-62. SA Baumgardner has been on limited duty since 1-23-64 due to a heart condition. He is presently in Grade GS-16, \$20,900, and was rated Excellent on last performance report.

The Director may desire to present SA Baumgardner's letter and Key personally. A suggested letter is attached.

b6
b7C

Enclosure

1 - Mr. Sullivan (Sent Direct)
1 - Miss [] (Sent Direct)
RRB:eaj
(4)

*I advised
Mr Baumgardner
RRB
12/5*

Am ✓

GK
DEC-139

67-136594-375	
DEC 4 1964	

3

December 4, 1964

PERSONAL

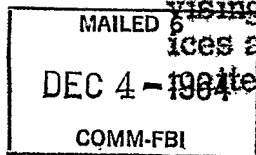
Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

DEC 3 5 47 PM '64
FBI
MAILING ROOM

Dear Mr. Baumgardner:

Your performance in the over-all supervision at the Seat of Government of an undertaking of a very confidential nature and of great significance to the Bureau in the security field was of the highest quality and I am indeed pleased to commend you.

The effectiveness of the results achieved through the utilization of a unique investigative procedure is superb and such noteworthy success can be attributed in a large measure to your unusual skill and thoroughness in supervising the entire operation. I appreciate your devoted services and your superior direction of this vitally important



✓ 100-156577-377
Sincerely yours,
J. Edgar Hoover
DEC 4 1964

1 - Mr. Sullivan (Personal Attention)
Re: Communist Party, USA, Counterintelligence Program,
Internal Security-C

b6
b7C

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

1 - Miss [] (Sent Direct)

CTP:eaj

(5)

67-136594

Based on memo Baumgardner to Sullivan 11-19-64 and addendum Administrative Division 11-30-64 re: "Communist Party, USA, Counterintelligence Program, Internal Security-C, (William Albertson)."

MAIL ROOM ☐ TELETYPE UNIT ☐

REC-139

December 4, 1964

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

Today you are entitled to assume your place among those who have completed twenty-five years of service in the FBI. I consider it a real privilege to welcome you to membership in this distinctive group and to present, on behalf of the Bureau, your Twenty-five-Year Service Award Key.

Throughout this period you have witnessed the steady growth of our organization of which you are an important member. You have demonstrated a keen interest in the continued progress of the Bureau—an interest made greater by your selfless determination to do a superior job. Your devotion to duty and sincere concern for your associates have characterized your performance and have made a profound impression on those with whom you have worked. It is this spirit of teamwork that has contributed greatly to our success.

I am grateful for the assistance you have given all of us during your years of loyal service.

With best wishes and kindest regards,

Sincerely,

J. EDGAR HOOVER

b6
b7C

SENT FROM D. O.	
TIME	10:00 AM
DATE	12/14/64
Presented BY The Director	

Enclosure

- 1 - Mr. Sullivan (Personal Attention)
1 - Miss [redacted] (Sent Direct)

RRB:ej

(5)

67-136594

Based on memo Callahan-Mohr, 11-3-64, RRB:ej.

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

NOV 5 9 27 AM '64
FBI
RECEIVED-READING ROOM

REPORT OF MEDICAL EXAMINATION

#5
F.B.I. 88-10

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FRED JACKSON			2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NUMBER	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11-18-64	
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH Ky.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Percussion)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-139

67-121-14 = 380
FEB 2 35

Being written on limited duty 2-1-65 Jan

3/4

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Type: 2 Class: 1 No Defects Noted	
O—Restorable teeth I—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																	
R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L E F T
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
													X				

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) 31643-64 Normal	
B. ALBUMIN Neg.	D. MICROSCOPIC Neg.		
C. SUGAR Neg.	48. EKG NNH	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) Neg.		50. OTHER TESTS	

146

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>5'8 1/2</i>	52. WEIGHT <i>158</i>	53. COLOR HAIR <i>GRAY</i>	54. COLOR EYES <i>BLUE</i>	55. BUILD: (Check one) <input checked="" type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE			
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)				
A. SITTING SYS. <i>120</i> DIAS. <i>78</i>	B. RECUMBENT SYS. <i>78</i> DIAS. <i>78</i>	C. STANDING (3 min.) SYS. <i>80</i> DIAS. <i>80</i>	A. SITTING <i>80</i>	B. AFTER EXERCISE	C. 2 MIN. AFTER			
59. DISTANT VISION			60. REFRACTION					
RIGHT 20/ <i>15</i> CORR. TO 20/			BY S. OX					
LEFT 20/ <i>20-1</i> CORR. TO 20/			BY S. OX					
61. NEAR VISION								
CORR. TO <i>20/12</i> BY <i>lens</i>								
CORR. TO <i>20/15</i> BY <i>lens</i>								
62. HETEROPHORIA (Specify distance)								
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT			
63. ACCOMMODATION			64. COLOR VISION (Test used and result)					
RIGHT LEFT			<i>AOC 1940 18/18</i>					
66. FIELD OF VISION			65. DEPTH PERCEPTION (Test used and score)					
			UNCORRECTED					
			CORRECTED					
67. NIGHT VISION (Test used and score)			68. RED LENS TEST					
			69. INTRAOCULAR TENSION					
70. HEARING			71. AUDIOMETER					
RIGHT WV <i>15</i> /15 SV <i>25</i> /15			250 258 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192					
LEFT WV <i>15</i> /15 SV <i>15</i> /15			RIGHT LEFT					
			72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

O.K. w/

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	
B. PHYSICAL CATEGORY						
A	B	C	E			

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR

B. ☒ IS NOT QUALIFIED FOR

REASON 20-200

b6

b7C

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

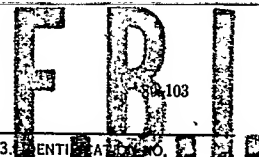
NUMBER OF ATTACHED SHEETS

REC'D - ADMIN. DIV.
FBI

JAN 22 3 26 PM '65

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



1. LAST NAME—FIRST NAME—MIDDLE NAME Baumgardner, Fred Jackson			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT—FBI		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL		6. DATE OF EXAMINATION 11-18-64
7. SEX M.	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH MUNFORDVILLE, Ky.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) EXCELLENT					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	75	DISEASED	Heart ATTACK			✓	HAD TUBERCULOSIS	
MOTHER	80	GOOD				✓	HAD SYPHILIS	
SPOUSE	50	GOOD				✓	HAD DIABETES	
BROTHERS	55	GOOD			✓		HAD CANCER	Mother
AND	50	GOOD				✓	HAD KIDNEY TROUBLE	
SISTERS	41	GOOD		75	✓		HAD HEART TROUBLE	FATHER
	43	GOOD				✓	HAD STOMACH TROUBLE	
CHILDREN						✓	HAD RHEUMATISM (Arthritis)	
						✓	HAD ASTHMA, HAY FEVER, HIVES	
						✓	HAD EPILEPSY (Fits)	
						✓	COMMITTED SUICIDE	
						✓	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
✓		SCARLET FEVER, ERYSIPELAS	✓		GOITER	✓		TUMOR, GROWTH, CYST, CANCER
✓		DIPHTHERIA	✓		TUBERCULOSIS	✓		RUPTURE
✓		RHEUMATIC FEVER	✓		SOAKING SWEATS (Night sweats)	✓		APPENDICITIS
✓		SWOLLEN OR PAINFUL JOINTS	✓		ASTHMA	✓		PILES OR RECTAL DISEASE
✓		MUMPS	✓		SHORTNESS OF BREATH	✓		FREQUENT OR PAINFUL URINATION
✓		WHOOPING COUGH	✓		PAIN OR PRESSURE IN CHEST	✓		KIDNEY STONE OR BLOOD IN URINE
✓		FREQUENT OR SEVERE HEADACHE	✓		CHRONIC COUGH	✓		SUGAR OR ALBUMIN IN URINE
✓		DIZZINESS OR FAINTING SPELLS	✓		PALPITATION OR POUNDING HEART	✓		BOILS
✓		EYE TROUBLE	✓		HIGH OR LOW BLOOD PRESSURE	✓		VENEREAL DISEASE
✓		EAR, NOSE OR THROAT TROUBLE	✓		CRAMPS IN YOUR LEGS	✓		RECENT GAIN OR LOSS OF WEIGHT
✓		RUNNING EARS	✓		FREQUENT INDIGESTION	✓		ARTHRITIS OR RHEUMATISM
✓		CHRONIC OR FREQUENT COLDS	✓		STOMACH, LIVER OR INTESTINAL TROUBLE	✓		BONE, JOINT, OR OTHER DEFORMITY
✓		SEVERE TOOTH OR GUM TROUBLE	✓		GALL BLADDER TROUBLE OR GALL STONES	✓		LAMENESS
✓		SINUSITIS	✓		JAUNDICE	✓		LOSS OF ARM, LEG, FINGER, OR TOE
✓		HAY FEVER	✓		ANY REACTION TO SERUM, DRUG OR MEDICINE	✓		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)			22. FEMALES ONLY: A. HAVE YOU EVER—			B. COMPLETE THE FOLLOWING:			
✓		WORN GLASSES	✓		ATTEMPTED SUICIDE	✓		BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
✓		WORN AN ARTIFICIAL EYE	✓		BEEN A SLEEP WALKER	✓		HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
✓		WORN HEARING AIDS	✓		LIVED WITH ANYONE WHO HAD TUBERCULOSIS	✓		BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
✓		STUTTERED OR STAMMERED	✓		COUGHED UP BLOOD	✓		HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
✓		WORN A BRACE OR BACK SUPPORT	✓		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	✓		HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS			25. WHAT IS YOUR USUAL OCCUPATION?			26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED

ENCLOSURE

62-1362-380

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Appendectomy - Age - 20
Tonsilectomy - Age - 35

- Typhoid - Age - 8

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Red JACKSON Baumgardner

Red JACKSON Baumgardner

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

MCD

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b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

19 Jun 64

SIG

NUMBER OF ATTACHED SHEETS

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee BAUMGARDNER FRED JACKSON
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☒ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☒ Yes If "yes" please specify defects. Coronary artery
arteriosclerosis - See Corard. Consult 1/10/64

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE 12 - 100-555-380

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

REC'D - ADMIN. DIV.
FBI
JAN 22 3 27 PM '65

Remarks _____

b6
b7C

(Signature of Medical Examiner)

(Date)

18 Jan 65

22 Jan 65

(9-14-64) APPROVED COMP.
68 IN LIEU OF

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	<input type="checkbox"/> OTHER (SPECIFY IN REMARKS)		

GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			3/1/64

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
14 DEC 18 1964

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

1/1/64
(DATE)

PERSONNEL FILE COPY

DATAFOLD FORMS INC., CHICAGO, ILL.

February 15, 1965

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Domestic Intelligence Division

Dear Mr. Baumgardner:

I am taking this occasion to commend you and, through you, other supervisors in the Internal Security Section for the noteworthy manner in which a confidential operation of major importance to the Bureau in the security field has been supervised from the Seat of Government.

Each man has discharged his responsibilities in this complex and delicate undertaking with a high degree of imagination and thoroughness and the concerted efforts of all have contributed to the continued success realized and the accumulation of a voluminous amount of valuable information. I know of the resourceful manner in which the numerous problems encountered were overcome and of the devotion to duty everyone has demonstrated. I want to thank you and ask you to convey my sincere appreciation to the others for the superior over-all supervision afforded this case.

REC-146

Sincerely yours,
J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)
Re: SOLO, Internal Security-Communist

Copies of this letter are being prepared for placing in appropriate personnel files.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

b6
b7C

1 - Miss [redacted] (Sent Direct)
CTP:ej [redacted] (8)

67-136594 FEB 26 1965

Based on memo Baumgardner to Sullivan 2-3-65 and addendum Administrative Division 2-9-65 re: "SOLO, Internal Security-Communist,"

MAIL ROOM ☐ TELETYPE UNIT ☐

Copies prepared and attached for placing in files of: (Over)

FEB 15 11 04 AM '65
REC'D-READING ROOM
FBI

MAILED 5
FEB 15 1965
COMM-FBI

XEROX

Letter to Fred J. Baumgardner
Washington, D. C.

[redacted]
Robert C. Putnam
[redacted]

b6
b7C

June 2, 1965

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Baumgardner:

I am indeed pleased to commend you and, through you, the personnel in the Internal Security Section who assisted so capably in a recent counter-intelligence operation of much importance to the Bureau in the security field.

Everyone contributed substantially to the results achieved in this delicate undertaking through the resourceful and thorough fashion in which each man discharged his responsibilities. Your initiation and supervision of this matter were of great value to the success realized. I do not want the occasion to pass without expressing my appreciation to you and to the others for the fine work performed.

Sincerely yours,
REC-143
J. Edgar Hoover

- 1 - Mr. Sullivan (Personal Attention)
Re: Communist Party, USA, Counterintelligence Program, IS-C (Student Demonstrations)
Copies of this letter are being placed in files of appropriate personnel.

1 - Miss [] (Sent Direct)

KEC

(5)

67-136594

Based on memo Sullivan-Belmont 5/27/65 re: Communist Party, USA Counterintelligence Program, IS-C (Student Demonstrations)

COPIES PREPARED AND ATTACHED FOR PLACING IN FILES OF:

(OVER:)

MAIL ROOM ☐ TELETYPE UNIT ☐

MAILED 5

JUN 2 - 1965

COMM-FBI

b6
b7c

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JUN 2 11 22 AM '65
REC'D-READING ROOM
FBI

XEROX

JUN 14 1965

Mr. Fred J. Baumgardner
Washington, D. C.

Charles D. Brennan

b6
b7C

November 23, 1965

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

NOV 23 2 23 PM '65
FBI
RECEIVED

Dear Mr. Baumgardner:

I want you to know of my appreciation for the superb manner in which you handled your responsibilities in directing from the Seat of Government the Bureau's work relative to the retrial of the Communist Party, USA, for failure to register.

Throughout this trial you made many helpful suggestions and important decisions and through your insight and ability in this regard you contributed in no small measure to the success realized. It is a pleasure to commend you for your splendid supervision of this very delicate, major case.

REC-141
Sincerely yours,

J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)

1 - Miss [] (Sent Direct)

CTP
(5)
67-136594

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
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Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

Based on memo Davidson to Callahan 11-22-65 re United States v. Communist Party, USA, Internal Security-C, Internal Security Act of 1950.

December 3, 1965

PERSONAL

Dear Baumgardner:

You will be celebrating your Twenty-sixth Anniversary in the Bureau, and I want to extend my congratulations to you. I hope you enjoy the occasion and that the Bureau will have the benefit of your services for many years to come. My best wishes to you.

Sincerely,

J. EDGAR HOOVER

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

REC-139

67-100000-387
200 5

SENT FROM D. O.
TIME 8 28 AM
DATE 12/3/65
BY [Signature]

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Anniversary 12/4 - Saturday

JEH:edm (3)

1 DEC 7 1965 61

MAIL ROOM ☐ TELETYPE UNIT ☐

REPORT OF MEDICAL EXAMINATION

5
F.B.I. 88-107

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Baumgardner, Fred Jackson</u>			2. GRADE AND COMPONENT OR POSITION <u>SA</u>		IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <u>Annual</u>		6. DATE OF EXAMINATION <u>11-10-65</u>
7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	
11. ORGANIZATION UNIT		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
12. DATE OF BIRTH <u>8-12-11</u>		13. PLACE OF BIRTH <u>Ky.</u>		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>NNMC</u>	
16. OTHER INFORMATION		17. RATING OR SPECIALTY			
TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS			

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	✓
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	✓
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	✓
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium, tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

21- Gingivitis NCD
39- m^s Burney - 4 in incision longitudinal
(R) abd. area -
32- Anus - external hemorrhoidal tag - NCD

memo CRD-NPC
B: L.B.
12/14/67
REC-144

67-1365-389
Searched _____ Indexed _____
1 DEC 17 1965

3 ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES <u>Type 3 Class 1 No defects noted.</u>	
O—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments —Nonrestorable teeth XXX—Replaced by dentures																	
R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L E F T
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
													X		X		

45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.018</u>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <u>NEG</u>	D. MICROSCOPIC <u>Ess. Neg</u>	24830-65- See Report	
C. SUGAR <u>NEG</u>	47. SEROLOGY (Specify test used and result)	48. EKG <u>WNL</u>	49. BLOOD TYPE AND RH FACTOR
50. OTHER TESTS			

DEC 21 1965

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5'8"	52. WEIGHT 156	53. COLOR HAIR Brn-Yr	54. COLOR EYES Blue	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY <input checked="" type="checkbox"/>	OBESE	56. TEMPERATURE				
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)									
A. SITTING	SYS. 132 DIAS. 82	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 88-	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.			
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION					
RIGHT 20/20		CORR. TO 20/		BY S.		CX		CORR. TO 24-8 BY lens					
LEFT 20/20		CORR. TO 20/		BY S.		CX		CORR. TO 24-12 BY lens					
62. HETEROPHORIA (Specify distance)													
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT			
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED			
RIGHT LEFT				AOC-1940 18/18						CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV 15 /15 SV 15 /15				250 266 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192									
LEFT WV 15 /15 SV 15 /15				RIGHT LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

None

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR ~~AD~~ LIMITED DUTY b6 b7C
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

b6 b7C

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

Arteriosclerotic heart disease

A	B	C	E

79. OR PRINTED

LT(MC) USNR

80. TYPED OR PRINTED

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.
103
IDENTIFICATION NO.

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, Fred JACKSON		2. GRADE AND COMPONENT OR POSITION SPL. AGT - FBI		3. DATE OF EXAMINATION 10-10-65	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3104 - MARtha CUSTIS Drive ALEXANDRIA, VA.		5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL			
7. SEX MALE	8. AGE 75	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH 8-12-11		13. PLACE OF BIRTH MUMSFORDVILLE, KENTUCKY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	75	DISEASED	HEART ATTACK	75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	81	Good			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD SYPHILIS	
SPOUSE	52	Good			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD DIABETES	
BROTHERS	56	Good			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD CANCER	MOTHER
AND	51	Good			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS	46	Good			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD HEART TROUBLE	FATHER
	44	Good			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD EPILEPSY (Fits)	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMMITTED SUICIDE	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WHOOPING COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VENEREAL DISEASE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	BEEN PREGNANT
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	HAD A VAGINAL DISCHARGE
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	HAD PAINFUL MENSTRUATION
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

ENCLOSURE

- 389

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	✓	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

1. Appendectomy - Age 20
 2. Tonsilectomy - Age 35
 typhoid Fever - Age - 7

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

b6
 b7C

b6
 b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	NUMBER OF ATTACHED SHEETS
[Redacted]	10 Nov 65	2

AF (MC) USNR

GOVERNMENT PRINTING OFFICE: 1959-O-527655

PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME

REGISTER NO.

WARD NO.

FBI

STAFF CLINIC

Boungordner, Fred Jackson
68" 158

AGE

SEX

(Check one)

54 M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

11-10-65

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

24830-65

DATE OF REPORT

10 NOV 65

RADIOGRAPHIC REPORT

PA PROJECTION OF THE CHEST IS NORMAL. The peripheral component of a calcified primary complex is located in the right costophrenic angle. CWO:vm

Department of Radiology
U. S. Naval Hospital
Naval Air Station
Pittsburgh, Pa.

b6

b7C

31643-64

SIGNATURE (location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

LCDR MC

- 389

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee
(Type or print)

Baumgardner, Fred J. *JB*
Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☒ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☒ Yes If "yes" please specify defects. Arteriosclerotic
Heart Disease

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

- 389

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds ☐ gain _____ pounds

b6
b7C

Remarks: Excellent physical cond.



17 November 65
(Date)

UNITED STATES GOVERNMENT

Memorandum

1 - Mr. DeLoach
1 - Mr. Mohr

DATE: 4-1-66

1 - Mr. Callahan
1 - Mr. Sullivan

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : MR. W. C. SULLIVAN *WCS*

FROM : MR. J. A. SIZOO *JAS*

SUBJECT: FRED J. BAUMGARDNER
SECTION CHIEF
INTERNAL SECURITY SECTION
DOMESTIC INTELLIGENCE DIVISION
EOD: 12-4-39
GS-16 \$22,331
NONVETERAN

QUALITY SALARY INCREASE

Attached is an annual performance rating for Section Chief Baumgardner and in view of the superior performance and his dedication to duty, it is recommended he receive a quality salary increase.

Mr. Baumgardner is a most intense and loyal individual. He has directed the activities of the Internal Security Section for many years and has demonstrated an outstanding knowledge of security investigations and has been most alert to insure the success of the Bureau in this field. He is an imaginative leader and during this rating period he has shown real ingenuity and drive in guiding the activities of the Ad Hoc Committee designed to deceive and disrupt the Communist Party. Mr. Baumgardner is a fine speaker and combines this with his deep background in the security field to represent the Bureau in a superior manner before many groups. He commands deep respect as a Bureau representative.

Mr. Baumgardner is on limited duty because of a mild heart condition, but this has in no way prevented him from doing an extremely commendable job as Section Chief during this rating period. He has worked hard and untiringly to see that investigations under his direction are handled so as to bring credit to the FBI. He would have been recommended for an outstanding performance rating had he not been on limited duty.

RECOMMENDATION:

In view of the superior performance, it is recommended that Mr. Baumgardner receive a quality salary increase.

DEM:hrt
(5)
Enc.

RFC-139

SEE ADDENDUM PAGE 2

b6
b7C

ADDENDUM: INSPECTOR 4-1-66

Nothing has been developed thus far during the current Inspection of the Domestic Intelligence Division which would in any way preclude the action recommended herein.

March 16, 1966

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D.C.

Dear Baumgardner:

Thank you very much for the suggestion concerning a method for use in recruiting clerical personnel. After careful evaluation, it has been decided the instructions which were set forth in a recent SAC Letter regarding these matters should be sufficient to impress upon all clerical employees their responsibility in this field. It is felt there are too many disadvantages involved to extend the practice further and the present policy of having qualified Special Agents handle our recruiting should be retained.

The interest and thoughtfulness which prompted you to submit this idea to me are indeed appreciated.

Sincerely,

b6
b7C

1 - Mr. Sullivan

① - Personnel file of SA Fred J. Baumgardner

ML/njm

(5)

(Suggestion 643-66 dated 2/28/66)

NOTE:

Based on memo Baumgardner to Sullivan, 2/28/66,

FJB/pcn, re: Miss [redacted] Clerk-Stenographer,

GS-4, EOD 6/9/65, Internal Security Section, Domestic Intelligence

Division, with addendum by Administrative Division, JBA/pmd, 3/4/66.

DUPLICATE YELLOW

Administrative Division agrees with the views expressed by the Administrative Division in its addendum since this matter has been recently evaluated and has been considered in the past and not adopted due to disadvantages involved.

Salutation and complimentary closing per previous correspondence in personnel file.

135
MAR 21 1966

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: 4-19-66

FROM : J. B. Adams *JBA*

SUBJECT: *Q* FRED J. BAUMGARDNER
Section Chief, GS 16, \$22,331
Domestic Intelligence Division
QUALITY SALARY INCREASE

JBA
Tolson ☒
DeLoach ☒
Mohr ☒
Wick ☒
Casper ☒
Callahan ☒
Conrad ☒
Felt ☒
Gale ☒
Rosen ☒
Sullivan ☒
Tavel ☒
Trotter ☒
Tele. Room ☒
Holmes ☒
Gandy ☒

b6
b7C

Mr. Sullivan has recommended Mr. Baumgardner for a Quality Salary Increase in connection with the submission of his 1966 annual performance report. In justification Mr. Sullivan certified that Mr. Baumgardner has performed the most important functions of his position in a manner which substantially exceeds the normal requirement; his work has been highly effective; this exceptional high level of effectiveness has been sustained during the rating period and is expected to continue indefinitely; and when viewed as a whole, his performance merits a faster than normal salary advancement.

Any employee approved for an Outstanding performance rating generally meets the standards for a Quality Increase; however, the requirements for Quality Increases were purposely made less demanding and more flexible than Outstanding performance ratings in order to recognize and reward those employees who have performed the most important functions of their positions in a sustained superior manner.

Mr. Baumgardner EOD 12-4-39, GS 16, \$22,331, and has been assigned to the Domestic Intelligence Division since 7-19-43. During this rating period his services have been entirely satisfactory and no administrative action was taken against him. In his current performance report, Mr. Baumgardner is rated excellent or outstanding on all important items with the exception of physical fitness, which was rated unsatisfactory since he was on limited duty the entire rating period due to a mild heart condition. In accordance with existing regulations, he has been afforded the over-all rating of Satisfactory merely because of his physical fitness; however, as noted by Mr. Sullivan, this has in no way affected his performance in his present position. He is completely available and his overtime has been satisfactory.

det.
Enclosure *Mr.*

LDH:jap (4)

1 - Miss

1 - Domestic Intelligence Division File

REC-139

b6
b7C

136574-394
2

3-10

Memorandum to Mr. Callahan
Re: SA Fred J. Baumgardner - QSI

A review of information submitted by Mr. Sullivan, including the performance report and agent's personnel file, indicates that a Quality Salary Increase is justified and would be more suitable recognition for his superior performances than a cash award under the Incentive Awards Program.

RECOMMENDATION:

That SA Fred J. Baumgardner be approved for a Quality Salary Increase effective 5-8-66.

JH *PM* *me* *WCS* *V.* *gmc*

*Letter prep
4-21-66
dch*

PERMANENT BRIEF OF PERSONNEL FILE OF SA BAUMGARDNER
IS ATTACHED.

April 21, 1966

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Baumgardner:

It affords me a great deal of pleasure to inform you that in view of your sustained above-average performance over an extended period of time I have approved a quality within-grade salary increase for you.

This increase from \$22,331 per annum to \$23,002 per annum in Grade GS 16 will be effective May 8, 1966. I do not want the occasion to pass without expressing my appreciation for your sincere dedication to the work of the Bureau.

Sincerely,
J. Edgar Hoover



1 - Mr. Sullivan (PERSONAL ATTENTION) Enclosure
You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

b6
b7C

- 1 - Movement
- 1 - Miss [redacted]
- 1 - Miss [redacted]
- 1 - Miss [redacted] (Sent Direct)
- 1 - Voucher - Statistical Section (Sent Direct)

REC-150

dcbs* (9)

Olson _____
Loach _____
V _____
er _____
an _____

MAIL ROOM ☐ TELETYPE UNIT ☐

1-395
J. V. [signature]

JED
REP

RETIREMENT INFORMATION

Name: **Mr. Fred J. Baumgardner**Date: **November 4, 1966**

APPLICATION

- ☐ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
- ☒ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. This form should be returned to the Bureau.

- ☒ Not applicable
- ☐ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ _____.
- ☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, ☐ other civilian Government service and/or ☐ military service known to us, totalling **27** years, **9** months and **2** days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about two months after separating from the Bureau's rolls.

TYPES OF ANNUITY

Married applicants only

		With Deposit	Without Deposit	With Re- deposit	Without Redeposit	With Deposit & Redeposit
<input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Widow or Widower	\$ 815	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Annuity Without Survivor Benefit	\$ 881	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Unmarried applicants only
(Including Widowed or Divorced)

<input type="checkbox"/> Annuity without Survivor benefit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Reduced Annuity with Benefit to Person having an Insurable Interest	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Survivor Annuity (55% of all or whatever portion of your earned annuity you specify)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

plus annuity for each eligible child.

SEPARATION FROM ROLLS

It is satisfactory to cease active duty on **12-2-66**, and the annuity will commence **12-6-66**

- ☐ immediately following the cease-active-duty date.
- ☒ immediately following the expiration of current accrued annual leave on **12-5-66** earned through **12-2-66**

Item 4 under B, Date of Final Separation, on the retirement application, should show separation date from the Bureau to be at close of business **12-5-66**, and ~~it should be changed accordingly~~ ☒ provided no annual leave is used by you subsequent to **10-22-66**.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used and for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service.

- ☒ You will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ **5125**.

67-136594-400

ENCLOSURE

3
11/22/66

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT

☐ Records show you executed Standard Form 53, "Waiver of Life Insurance Coverage."

☒ Your coverage is in the amount of \$ 20,000. You may continue this group insurance coverage at no premium cost following retirement or convert the insurance to an individual life insurance policy without medical examination. If converted, the double indemnity and dismemberment protection stops, and you will pay the usual premium charged by the company for a person of your age and class of risk. If you elect to keep the group insurance, your protection in the above amount continues until you are age 65. At that time this amount begins to reduce at the rate of 2% per month until you are about 68 years and 2 months of age. If you are now 65 or over, the same reduction process occurs, the maximum reduction being reached in three years and two months. Coverage in the reduced amount (25% of face value) continues at no cost as long as you remain a retired annuitant. If you wish to convert the group life coverage, the Bureau should be advised immediately. Otherwise, the original of Standard Form 56, Agency Certification of Insurance Status, will be forwarded to CSC and a copy will be forwarded to you by the Bureau at a later date.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954

Designation filed:

☒ No, but not necessary as beneficiary will be in order of precedence used by United States Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.

☐ Yes; beneficiary designated as _____
This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

☐ Records show you elected not to enroll

☒ Records show you enrolled in the following plan:

☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)

☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)

☐ Comprehensive Medical Plan

☒ Special Agents Mutual Benefit Association (SAMBA)

Note: The life insurance you have under this plan will continue in force for 6 months following your last semi-annual premium payment. If you desire to continue the protection beyond this time, you may do so without a physical examination. You may elect to continue up to age 70 at group rates a specific amount of your SAMBA Life Insurance. If you presently carry \$3,000 of life insurance with SAMBA, you may continue \$1,000 after you retire at a cost of \$2.25 semiannually. If you presently carry \$7,000 to \$11,000, you may continue \$3,000 at a cost of \$11.25 semiannually. If you presently carry \$11,000 or over, you may continue \$6,000 at a cost of \$27.45 semiannually. The life insurance that cannot be continued with SAMBA can be converted to a regular policy with Prudential. At age 70 you may convert the amount of life insurance carried with SAMBA to a regular policy with Prudential.

Your desire in respect to your SAMBA life insurance at retirement should be communicated in writing to SAMBA, 1720 Massachusetts Avenue, Northwest, Washington, D. C. 20036. If you have Dependents Group Life Insurance, this will continue until the next semiannual premium is due (1-10 or 7-10), with a 31-day grace period. You may convert the insurance on your spouse to an individual policy with The Prudential Insurance Company of America without a medical examination. The premium will be the same as if your spouse applied for an individual policy at that time. You may make the necessary conversion arrangements through the nearest Prudential Office.

Unless you cancel your present enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self."

The original of Standard Form 2810, "Notice of Change in Enrollment Status," will be forwarded to you by the Bureau at a later date.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)

If you are a member of SATI, after your retirement you may continue but not increase coverage up to a maximum of \$25,000 at the rate of \$2.25 per thousand. If you have coverage on your wife and children, it will continue only until the next premium is due, and cannot be renewed. Further information on SATI can be secured by writing Wright and Co., 1001 Connecticut Avenue, Northwest, Washington, D. C. 20036.

ENCLOSURES

☒ Standard Form 2801, "Application for Retirement."

☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation."

☒ Pamphlet, "Your Retirement System."

☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.

Washington, D. C.
November 1, 1966

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Wick	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

Mr. J. Edgar Hoover, Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I want you to know how very much I appreciated the time you took from your busy schedule to see me this morning. As I indicated to you during our discussion, my decision to retire from the Bureau, active duty to cease close of business December 2, 1966, was a most difficult one.

My decision was prompted by the fact that my mother, a widow, is living alone in Louisville, Kentucky, and I should be at home to assist her during this difficult period of her life. Also, my wife's mother is a complete invalid and is in a nursing home in Louisville. My wife feels very strongly she should be at home to afford personal care for her mother. We both feel that the time has come for us to meet our responsibilities by being with our parents.

The event which we believe will assist in the solution of our problem came about when I was offered a job in Louisville with the Louisville Labor Management Relations Committee. After our talk this morning, I will accept this position, which will permit me to fully shoulder my responsibility both financially and by being on the scene to personally take care of family problems as they arise.

Despite the fact that I now seem to have the solution to my personal problem, as I told you this morning, my decision to retire from the Bureau was a most difficult one. I have enjoyed being a part of the FBI family and have indeed been fortunate in being able to strike a blow against subversive activity in our country through my position as Chief of the Internal Security Section. I shall forever be grateful to you for granting me the opportunity of working for you in the FBI.

Utack
11-4-66
Wec/mas

3/mas

You may be assured that on any occasion where the opportunity presents itself after I have left the Bureau, I will speak out in order to let people know what a wonderful organization the FBI is and be certain they have a clear understanding of our problems and functions. I want you to know I will be at any time available to assist the Bureau in any way I possibly can, and I would like you to call upon me to render any service at any time.

AD/ 10:50 am
Nov. 3. This morning you most graciously consented to permit my wife and me to come to your office sometime before we leave and have a photograph made with you. We will be available at any time which is convenient to you.

10:00 am
Nov. 4. I have no words to express what it has meant to me to have worked for you and the Bureau these past 27 years. I do pray that you will continue your outstanding public service as Director of the FBI for many years to come.

Sincerely,

F. J. Baumgardner
F. J. Baumgardner

(My address will be:
3915 Taylor Boulevard
Louisville, Kentucky)

Report of Exit and Separation
FD-193 (Rev. 7-13-66)

TO: MR. C. D. DE LOACH

DATE: 11-1-66

FROM: MR. W. C. SULLIVAN

Name of Employee

EOD Date

Title

FRED J. BAUMGARDNER

12-4-39

SPECIAL AGENT

Last Local Address 3104 Martha Custis Drive,

Forwarding Address (include Zip Code, if known) 3915 Taylor

Alexandria, Va. 22302

Blvd., Louisville, Kentucky 40215

Cease-active-duty Date (hour and last day physically at work)

Tour of Duty

December 2, 1966 5:30 p.m.

9 a.m. to 5:30 p.m.

LEAVE DATA

Leave category

☐ 4☐ 6☒ 8

Hours of accrued leave employee will have at close of business on cease-active-duty date.

AL 576 SL 558

Hours of accrued annual leave carried over at beginning of current leave year.

AL 573

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL SL

(READ BEFORE INTERVIEWING)

The exit interview, to be beneficial, must be conducted as promptly as possible after receipt of resignation. Where it involves a clerical employee, it shall be conducted by the Agent supervisor under whose jurisdiction the employee works. Where it involves a Special Agent, each SAC shall personally conduct the exit interview. In the absence of the SAC, the exit interview should then be conducted by the official in the field office who is acting for him. In every instance the exit interview form shall indicate the name of the official who actually conducted the interview and the form must be signed by him on the reverse side in the space provided. There are to be no exceptions. The interview should be conducted in adequate privacy with adequate time. It should be designed to supplement resignation, to obtain real, motivating reason for resignation, to serve as basis for (1) accurate analysis of turnover, (2) determining necessary or desirable organizational improvements; and (3) permitting a recorded recommendation regarding future reinstatement. Many times, an exit interview, properly and promptly conducted, results in saving a valuable employee. On involuntary separations, the exit interview is designed to record the reason and any pertinent comments, it being assumed the recommendation would be unfavorable for reinstatement.

REASONS GIVEN FOR SEPARATION (Check block applicable)

1. Military ☐

2. Other employment (Check both reason and type)

Reason:

- ☐ a. Promotional prospects or better salary
☐ b. Enter different field
☐ c. Vicinity of home

Type:

- ☐ a. Other Government employment
☐ b. Private industry
☐ c. Self employment

3. Transfer ☐ failure to obtain ☐ unable to accept

4. Personal

- ☐ a. Living costs
☐ b. Transportation
☐ c. Poor health (self)
☐ d. Poor health (family)
☐ e. Marriage
☐ f. Maternity (See also item E)
☐ g. Attend school
☐ h. Change of residence (husband or family moving)
☐ i. Housewife or child care

5. Involuntary

- ☐ a. Dropped from rolls ☐ with prejudice ☐ without prejudice
☐ b. Resignation requested
☐ c. Dismissed with prejudice

6. Voluntary resignation accepted with prejudice ☐7. Retirement ☒ optional (include liberalized) - give reason
☐ disability

8. Other (Explain under Comments)

(over)

A. Did employee resign prior to expiration of any agreement made, such as in connection with initial appointment, special training, foreign assignment, etc.? ☐ Yes ☒ No

B. Does employee have any specific suggestion for improving the organization? If so, explain. *(In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)*

C. Has employee been cautioned about divulging confidential information acquired in job? Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.

YES

D. All Government property, documents made or received while in the Bureau's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: commendation, censure or promotion letters or copies of expense vouchers, etc.).

YES

E. If employee is resigning for maternity purposes, appropriate block must be marked:

☐ Employee does not desire payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.

☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.

☐ Doctor's certificate attached indicating employee can safely continue working to date specified. *(Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)*

F. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established?

YES

Was employee urged to satisfactorily pay his (her) just debts?

YES

G. Comments: *(Please state specific, individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposes to enroll.)*

Mr. Baumgardner has submitted retirement in order to return to Louisville, Kentucky, to be in a better position to provide care for his mother and his wife's mother.

H. Has there been any substantial change in employee's work performance record since submission of last performance rating?

☒ No ☐ Yes. If "Yes" give current adjective rating and basis for change.

I. Recommendations re reinstatement: ☒ Yes. ☐ No *(If No, explain why.)*

William C. Sullivan
Interview Conducted By (Signature)

Assistant Director
Title

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION,

EFFECTIVE DATE

DATE OF LAST EQUIV. INCR.

☐ 892 - QUALITY INCREASE

☐ 896 - ADMIN. PAY INCREASE

☐ 893 - WITHIN GRADE INCREASE

☐ 897 - ADMIN. PAY DECREASE

☐ 894 - PAY ADJUSTMENT

☐ OTHER (SPECIFY IN REMARKS)

5/1/66

GRADE OR LEVEL

STEP OR RATE

OLD SALARY

NEW SALARY

DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

3/2/66

☐ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

NOT RECORDED

JOHN EDGAR HOOVER
DIRECTOR

PERSONNEL FILE COPY

5/1/66
(DATE)

REPORT OF MEDICAL EXAMINATION

Retired
5

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>BAUMGARDNER, FRED J.</u>			2. GRADE AND COMPONENT OR POSITION <u>SA</u>		3. IDENTIFICATION NO. <u>2-90-67</u>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <u>Annual</u>		6. DATE OF EXAMINATION <u>10-25-66</u>	
7. SEX <u>M</u>		8. RACE		9. TOTAL YEARS GOVERNMENT SERVICE		
				MILITARY CIVILIAN		
12. DATE OF BIRTH <u>8/12/11</u>		13. PLACE OF BIRTH <u>Ky.</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS <u>NNMC</u>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total) LAST SIX MONTHS		

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium, tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

29. S. dec. at apex

30. P.P. pulses decreased bilaterally

39. LLQ scar

REC-133
#50. CBC:

HGB - 14.4

HCT - 44

HbC - 9.5

3 at Differential - Normal
PLATELET - 0.5
ENCLOSURE

67-	594-401
Searched	Numbered
3 NOV 15 1966	

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		Exam Type 3 CLASS-2 CARIES AS NOTED	
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	L E F T	

45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.020</u>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <u>NEG</u>		25003-66- See Report	
C. SUGAR <u>NEG</u>		50. OTHER TESTS	
47. SEROLOGY (Specify test used and result) <u>NEG</u>		CBC - See notes above	
48. EKG <u>WNL</u>			
49. BLOOD TYPE AND RH FACTOR			

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>68 1/2</i>		52. WEIGHT <i>159</i>		53. COLOR HAIR <i>Brown/gray</i>		54. COLOR EYES <i>Blue</i>		55. BUILD: (Check one)		SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)							
A. SITTING		SYS. <i>140</i>		B. RECUMBENT		SYS. <i>88</i>		C. STANDING (3 min.)		SYS. <i>76</i>		D. RECUMBENT		E. AFTER STANDING 3 MIN.	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION											
RIGHT 20/ <i>25</i>		CORR. TO 20/		BY		S.		+ CX		2M		CORR. TO		50M BY <i>lens</i>	
LEFT 20/ <i>25</i>		CORR. TO 20/		BY		S.		CX		2M		CORR. TO		50M BY <i>lens</i>	
62. HETEROPHORIA (Specify distance)															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED			
RIGHT				LEFT				<i>P1 P 16</i>				CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED. LENS TEST				69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV /15 SV /15				250 250 500 512 1000 1024 2000 2048 3000 2396 4000 4096 6000 6144 8000 8192											
LEFT WV <i>15</i> /15 SV <i>15</i> /15				RIGHT											
				LEFT											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

57 - Repeat 134/84

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

*History of ASHD - S, dec. at apex
↓ Dorsalis pedis pulses in feet*

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

*b6
b7C*

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR *limited duty*
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FRED JACKSON		2. GRADE AND COMPONENT OR POSITION Special Agent FBI		3. IDENTIFICATION NO. 10-25-66	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3104 Martha Custis Drive Alexandria, Virginia		5. PURPOSE OF EXAMINATION Annual physical		6. DATE OF EXAMINATION 10-25-66	
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH 8/12/11		13. PLACE OF BIRTH Mumfordsville, Kentucky		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Excellent

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER		DISPOSED	HEART ATTACK	75			HAD TUBERCULOSIS	
MOTHER	82	GOOD					HAD SYPHILIS	
SPOUSE	51	GOOD					HAD DIABETES	
	47	GOOD					HAD CANCER	
BROTHERS	57	GOOD					HAD KIDNEY TROUBLE	
AND	52	GOOD					HAD HEART TROUBLE	
SISTERS	45	GOOD					HAD STOMACH TROUBLE	
							HAD RHEUMATISM (Arthritis)	
CHILDREN							HAD ASTHMA, HAY FEVER, HIVES	
							HAD EPILEPSY (Fits)	
							COMMITTED SUICIDE	
							BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)			
YES	NO	(Check each item)	YES NO (Check each item)
		<input checked="" type="checkbox"/> SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/> GOITER
		<input checked="" type="checkbox"/> DIPHTHERIA	<input checked="" type="checkbox"/> TUBERCULOSIS
		<input checked="" type="checkbox"/> RHEUMATIC FEVER	<input checked="" type="checkbox"/> SOAKING SWEATS (Night sweats)
		<input checked="" type="checkbox"/> SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/> ASTHMA
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> MUMPS	<input checked="" type="checkbox"/> SHORTNESS OF BREATH
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> WHOOPING COUGH	<input checked="" type="checkbox"/> PAIN OR PRESSURE IN CHEST
		<input checked="" type="checkbox"/> FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/> CHRONIC COUGH
		<input checked="" type="checkbox"/> DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/> PALPITATION OR POUNDING HEART
		<input checked="" type="checkbox"/> EYE TROUBLE	<input checked="" type="checkbox"/> HIGH OR LOW BLOOD PRESSURE
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/> CRAMPS IN YOUR LEGS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> RUNNING EARS	<input checked="" type="checkbox"/> FREQUENT INDIGESTION
		<input checked="" type="checkbox"/> CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/> STOMACH, LIVER OR INTESTINAL TROUBLE
		<input checked="" type="checkbox"/> SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/> GALL BLADDER TROUBLE OR GALL STONES
		<input checked="" type="checkbox"/> SINUSITIS	<input checked="" type="checkbox"/> JAUNDICE
		<input checked="" type="checkbox"/> HAY FEVER	<input checked="" type="checkbox"/> ANY REACTION TO SERUM, DRUG OR MEDICINE

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> WORN GLASSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> BEEN PREGNANT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> HAD A VAGINAL DISCHARGE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> WORN HEARING AIDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> BEEN TREATED FOR A FEMALE DISORDER
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> HAD PAINFUL MENSTRUATION
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> HAD IRREGULAR MENSTRUATION
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		25. WHAT IS YOUR USUAL OCCUPATION?	
24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

1. Appendectomy - Age - 20
2. Tonsilectomy - Age - 35
3. Typhoid Fever - Age - 7

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE Fred Jackson Baumgardner	SIGNATURE <i>Fred J. Baumgardner</i>
--	---

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

No new problems all above positive responses were present & accounted for on previous evaluations.

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
--	------	-----------	---------------------------

PATIENT'S LAST NAME—FIRST NAME —MIDDLE NAME

REGISTER NO.

WARD NO.

BAUMBARDNER, FRED J.

FBI

T-17

AGE

SEX

(Check one)

55

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER

☐ BED

☐ PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

68" 156

(Above space for mechanical imprinting, if used)

10-25-66

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

25003-66

DATE OF REPORT

25 Oct 66

RADIOGRAPHIC REPORT

PA CHEST: The lungs are free of active disease. Incidentally noted is a calcified primary complex on the right, as well as a calcified node in the left hilum. The heart, mediastinal and osseous structures are normal.

IMP: No active disease in the chest.

b6

b7C

LT MC2038 30-65

tec

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

-401

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee BAUMBARDNER FRED J.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☒ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☒ Yes If "yes" please specify defects. ASHD

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

64-13652-401

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C

(Signature of Examiner) 

(Date) 10/25/60

REC'D - ADJ. DIV.
FEB 11 1961

Nov 10 1 16 PM '60

REC-141

November 4, 1966

PERSONAL

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

Dear Baumgardner:

I have your letter of November 1, 1966,
concerning retirement.

As I mentioned during our conversation
last Tuesday, I am sorry that you are leaving the Bureau.
You have contributed a great deal to our organization
over the years, and your splendid capabilities will be
missed. Thank you again for your help.

Your offer to be of service in the future
will be kept in mind, and I want you to continue to regard
yourself as part of the FBI even after you are no longer
physically with us. Mrs. Baumgardner and you have my
best wishes.

With kind personal regards,

WEC:mas
(8) Sincerely,
J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)(Enclosure) There is attached a copy of
Form 3-496 for your information. SA Baumgardner will be interviewed in the
Personnel Section and provided with pertinent retirement information.

- 1 - Miss [redacted]
 - 1 - Voucher-Statistical Section (Sent Direct)
 - 1 - Miss [redacted] (Last physical on 11-10-65)
 - 1 - Mr. Jones SA Baumgardner's cease active duty date is 12-2-66. Place on
Special Correspondents' List. Forwarding address: 3915 Taylor Boulevard,
Louisville, Kentucky.
- SA Baumgardner EOD in the Bureau 12-4-39. He was 55 years old on 8-12-66
and is therefore qualified by age and service for retirement under liberalized
provisions of the Civil Service Retirement Act. He has been assigned as an Agent
in the Domestic Intelligence Division since 7-19-43 and is Chief of the Internal
Security Section. He is in GS-16, \$23,425 per annum.

MAIL ROOM ☐ TELETYPE UNIT ☐

MAILED 2
NOV 4 1966
COMM-FBI

Toison _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JBA
JC
[Handwritten signature]

Rev

NOV 3 4 50 PM '66
REC'D-RECORDS
FBI

December 2, 1966

PERSONAL

Dear Baumgardner:

Sunday marks your Twenty-seventh Anniversary in the Bureau and I did want to extend my best wishes to you. As you leave the Bureau's service, I hope that the years ahead will be happy ones and that you will have success in your new endeavors.

Sincerely,

J. EDGAR HOOVER

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
Washington, D. C.

REC-133

12/2/66 407

JEH:edm (3)

edm

31

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

SENT FROM D. O.	
TIME	8:40 AM
DATE	12/2/66
BY	<i>[Signature]</i>

MEDICAL REPORTS

Personnel File No. BAUMGARDNER, FRED JR

Personnel File No. _____

3/11

18 JAN 10 1967

REMOVED BY SRD
10 DEC 1 1966

-407

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY ☐ BEDSIDE
☒ ROUTINE ☐ AMBULANT

AGE SEX RACE HEIGHT WEIGHT B P

SIGNATURE OF WARD PHYSICIAN

DATE
12-25-66

RHYTHM

AXIS DEVIATION (QRS)

RATES

ALTRIC.

VENT.

INTERVALS

P WAVES

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPL **WITHIN NORMAL LIMITS**

WNL
WNC S 11-10-65

b6
b7c

Continue on reverse

NO.
ECG

SIGNATURE

TITLE

DATE

PATIENT'S IDENTIFICATION (For typed or written name, last, first, middle, grade, and hospital or medical facility)

REGISTER NO.

WARD NO.

BAUINGARDNER, FRED J.

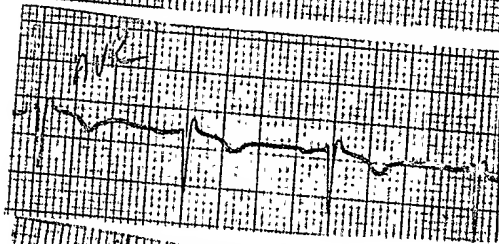
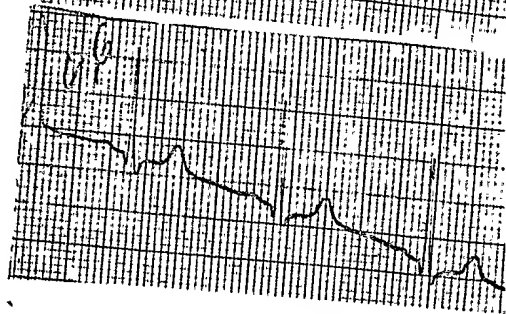
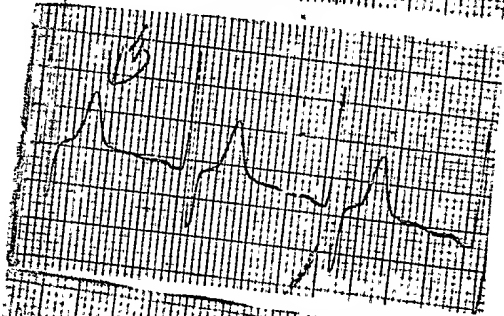
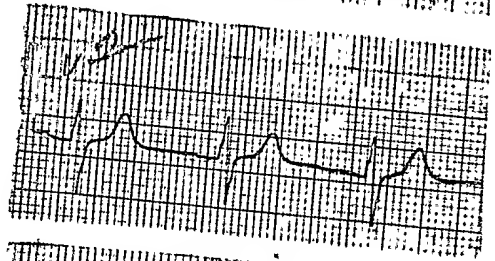
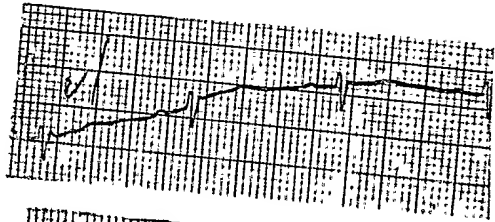
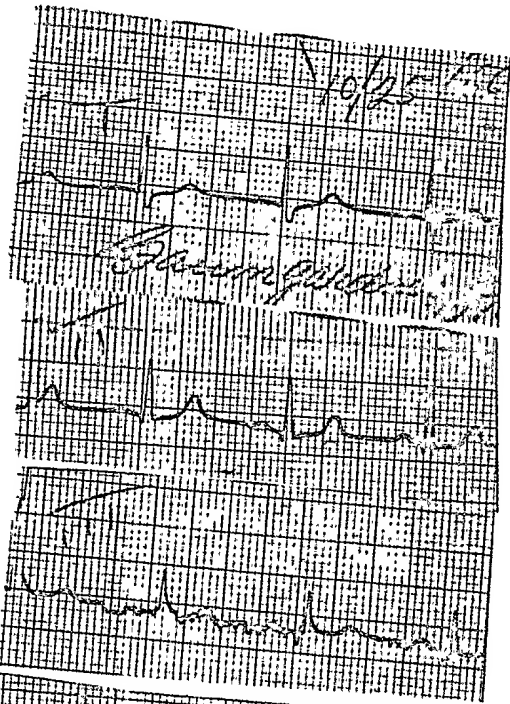
S.A. 1-31

NWDC

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)



b6
b7C

Standard Form 520
Rev. April 1964
GPO: 1964 O-348-642
Printed at GPO

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

CLINICAL IMPRESSION

MEDICATION

None

EMERGENCY ☐ DESSIDE ☐
ROUTINE ☒ IMPULSIVE ☐

AGE 54 SEX M RACE W HGT 68" WT 158 B P 110/70 SIGNATURE OF WARD PHYSICIAN

RHYTHM

AXIS DEVIATION (QRS)

P T S

INTERVALS

P WAVES

AUGUL VENT

PR QRS QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (specify)

PRECARDIAL LEADS (specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS

WITHIN NORMAL LIMITS

b6
b7C

(Continue on reverse)

NO.

SIGNATURE

LCDR MC USNR

TITLE

DATE

11-10-65

ECG

PATIENT'S IDENTIFICATION (For typed or written entries give: Name -last, first, middle; grade, date, hospital or medical facility)

REGISTER NO

FBI

WARD NO.

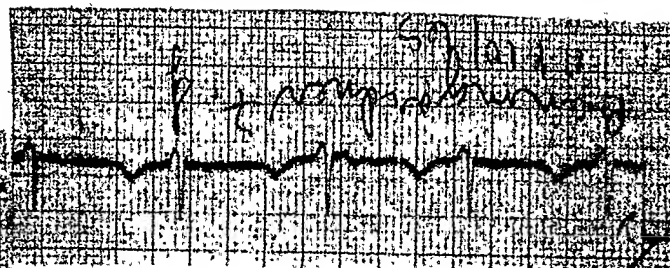
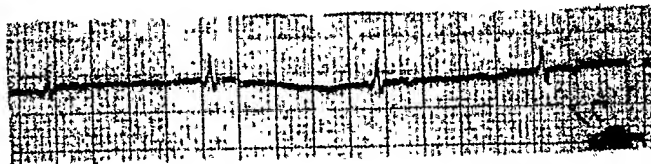
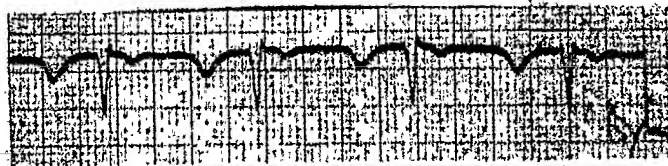
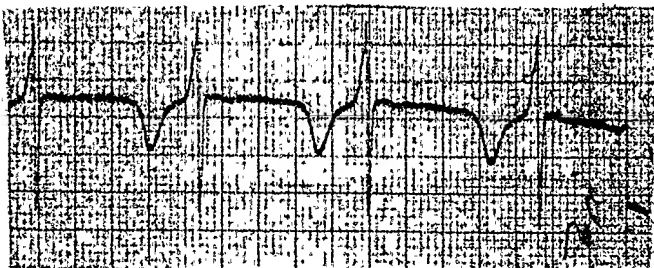
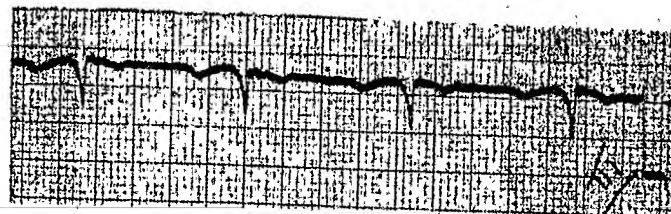
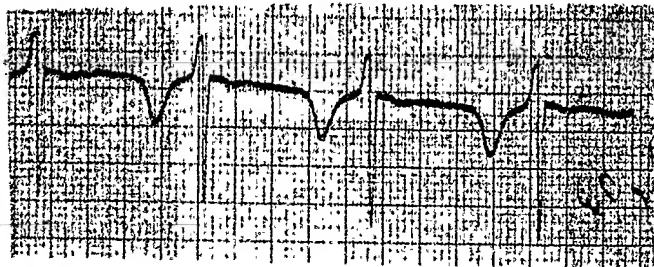
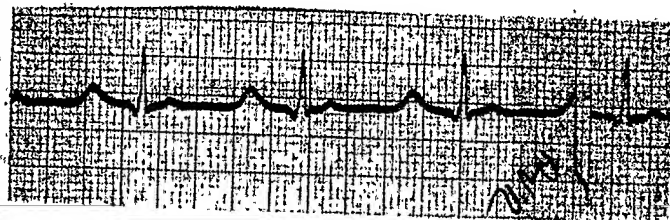
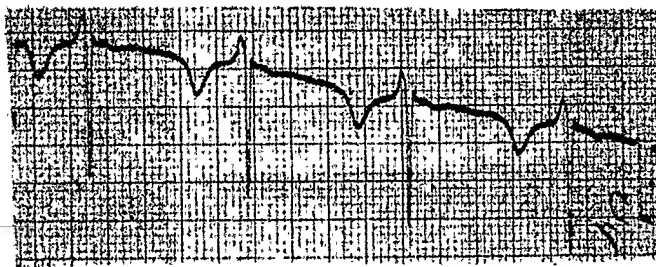
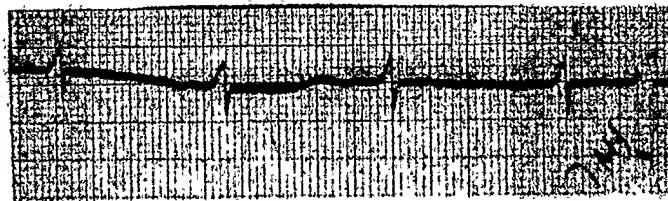
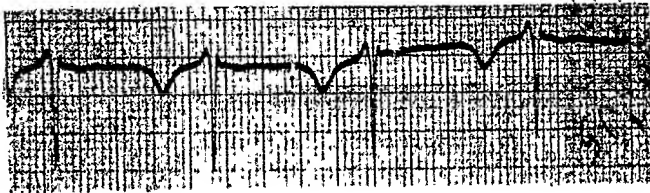
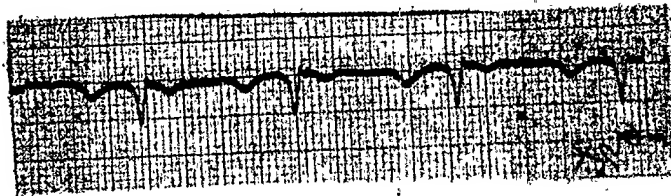
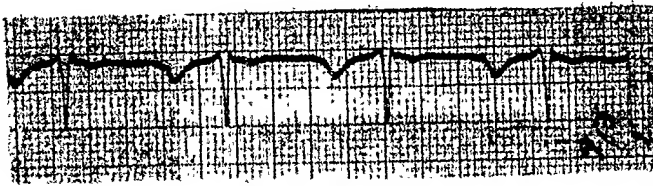
Staff Clinic

Baumgardner, Fred J.
S.A. - FBI
NNMC

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Revised January 1964)



PREVIOUS E.C.G.

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
53	M	Cauc.	68	160 1/2					11-18-64
RHYTHM						AXIS DEVIATION (QRS)		RATES	
INTERVALS						P WAVES		AURIC. VENT	
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Slight R.V. conduction delay

WITHIN NORMAL LIMITS

NO SIGNIFICANT CHANGE SINCE 1-10-64

b6
b7c

(Continue on reverse)

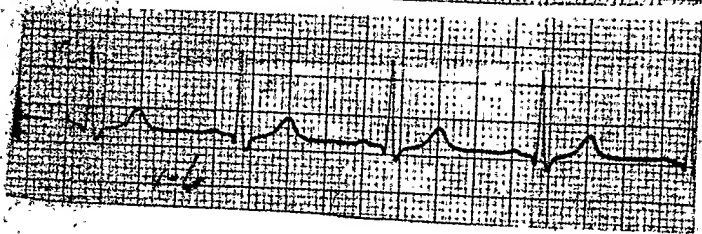
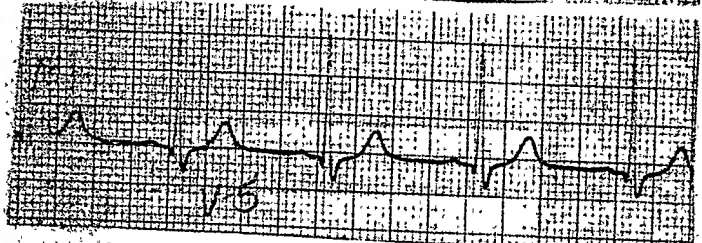
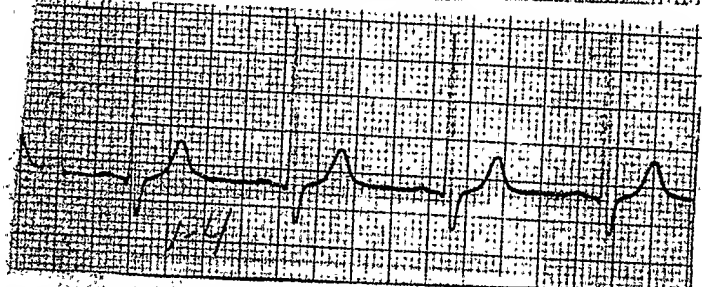
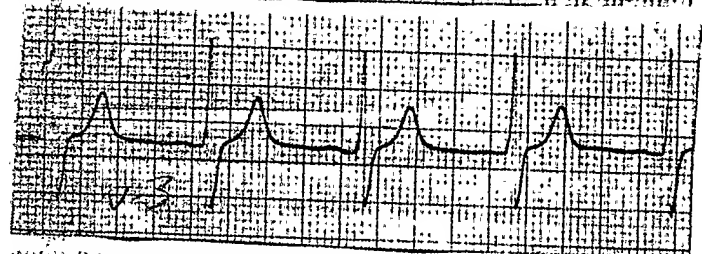
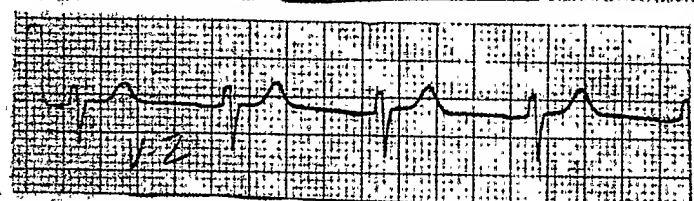
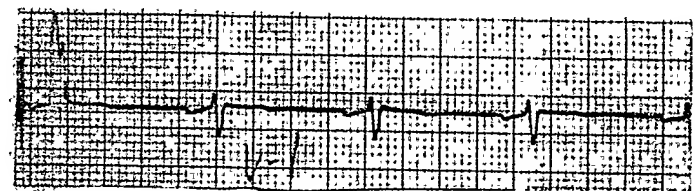
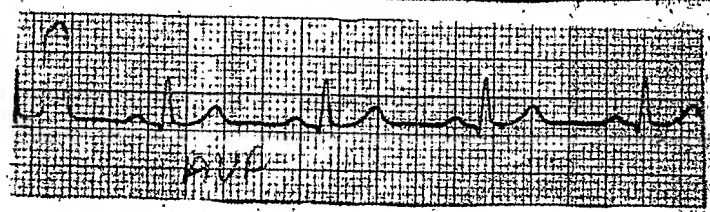
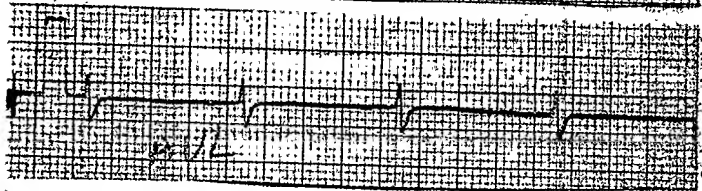
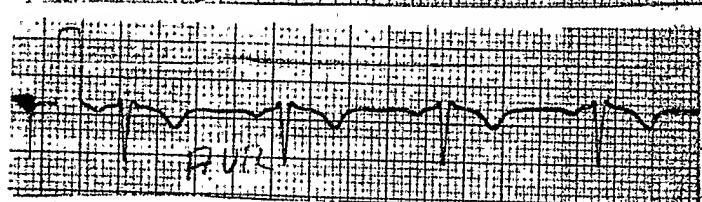
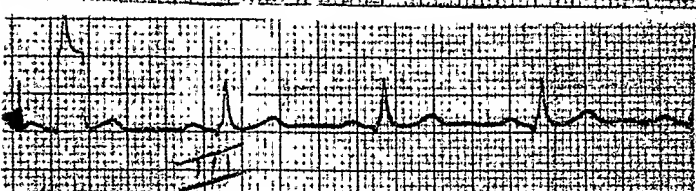
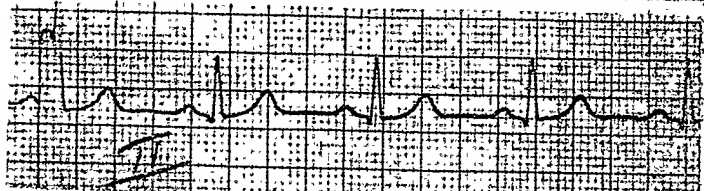
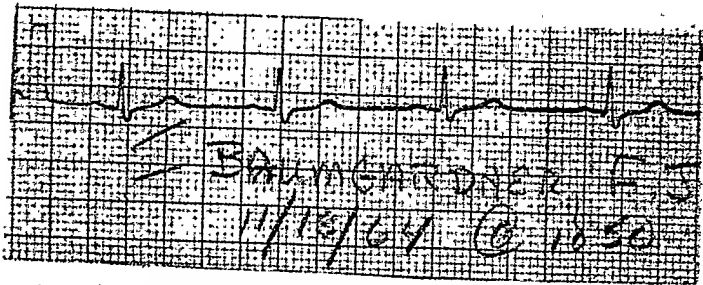
NO. ECG	SIGNATURE	TITLE	DATE
		LCDR MC USN	11-18-64
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BAUMGARDNER, FRED JACKSON		FBI	STAFF CLINIC

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520

(Attach tracings to S. F. 507)

SA-FBI

WNC



PREV

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
52	M	Cauc.	68	160					11-27-63
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDEAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

① WNL
② NSCs. 1/8/63

b6
b7C

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG			11-27-63
PATIENT'S IDENTIFICATION (For type of patient, date, time, first, middle, grade, date, hospital or medical facility)		REGISTER NO.	WARD NO.

BAUM GARDNER, FRED JACKSON

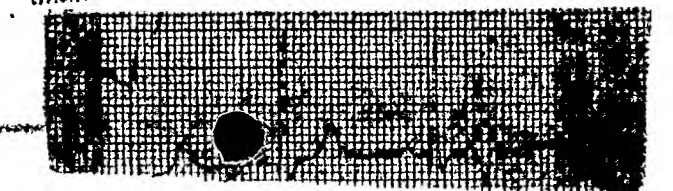
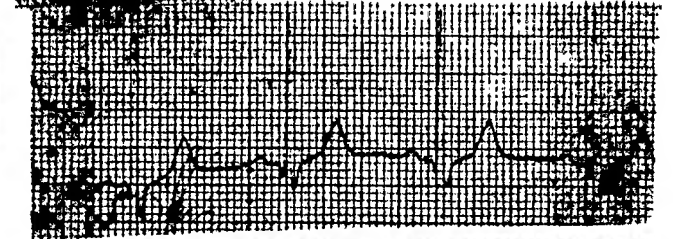
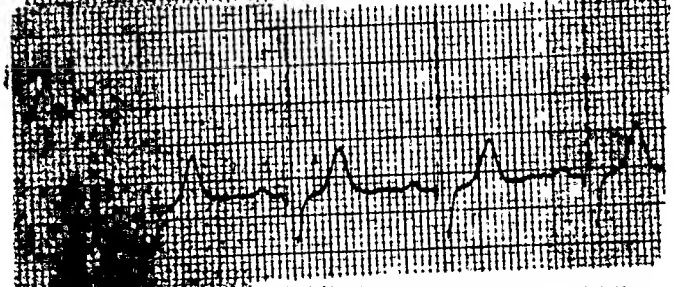
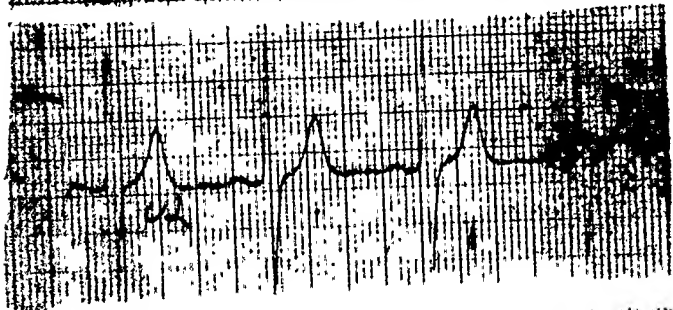
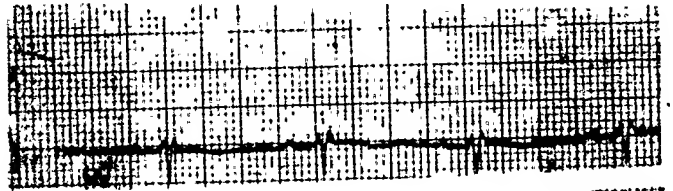
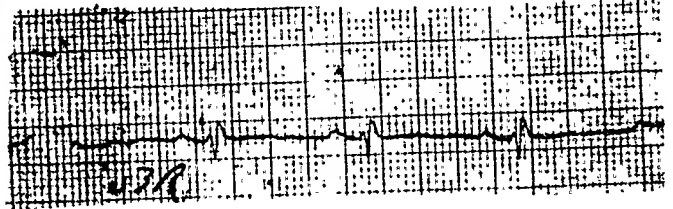
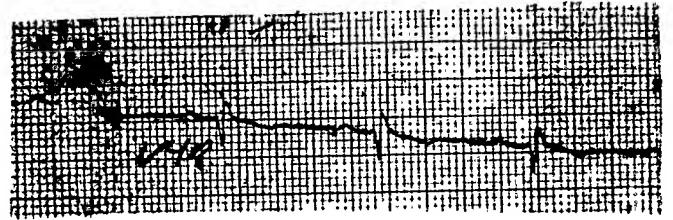
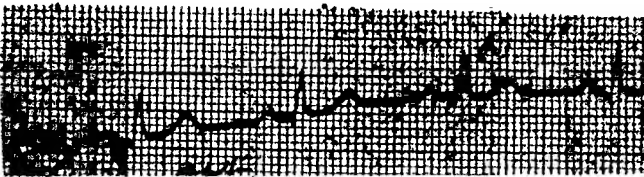
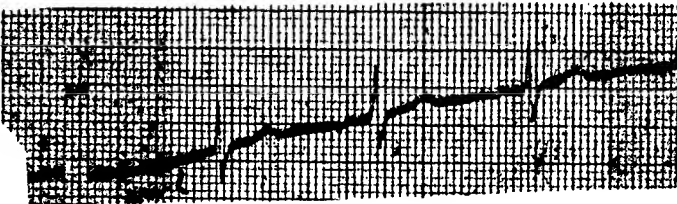
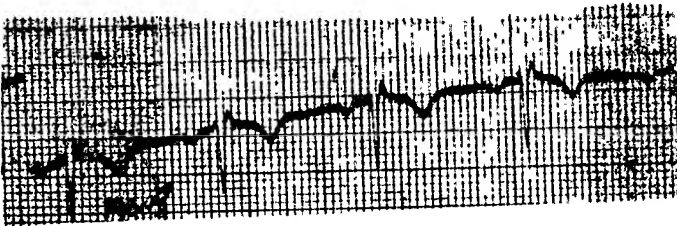
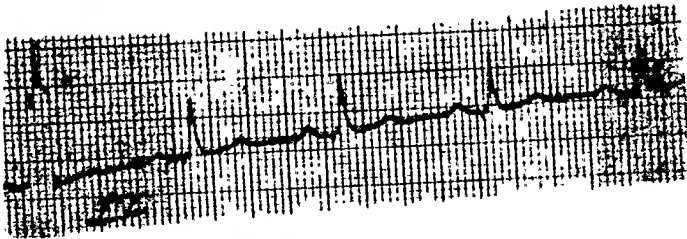
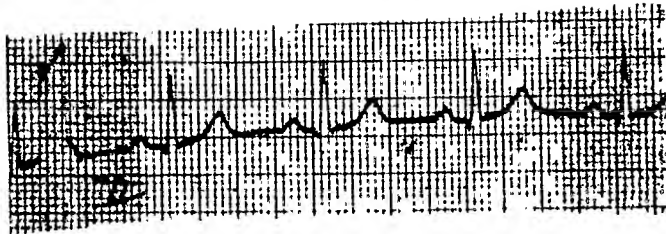
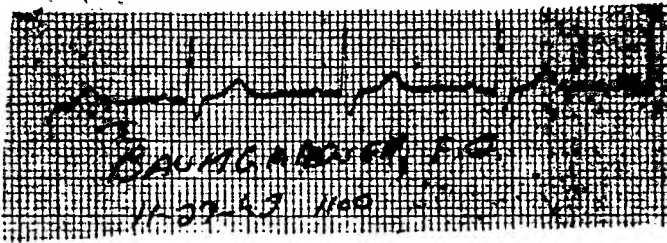
FBI STAFF CLINIC
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

540-103

(Attach tracing to S. F. 307)

SA-FBI



Name:

Baungardner, Fred

SBG A-52 &

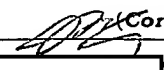
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CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
50	M		5-8	160		1/26/62 @ 1045			
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						+60		AURIC. VENT. 75	
INTERVALS						P WAVES			
PR .20 QRS .08 QT .40						Normal			
QRS COMPLEXES									
Normal									
RS-T SEGMENT						T WAVES			
Normal						Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits
2. No significant change since 11/30/61

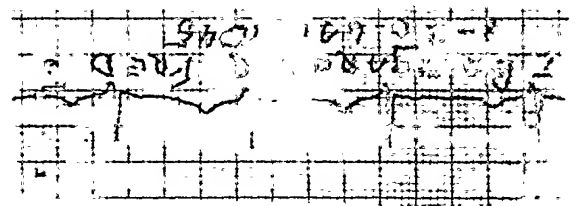
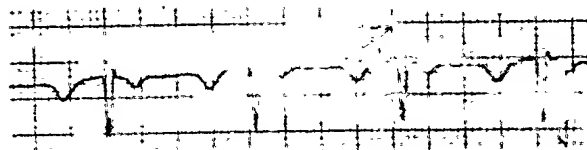
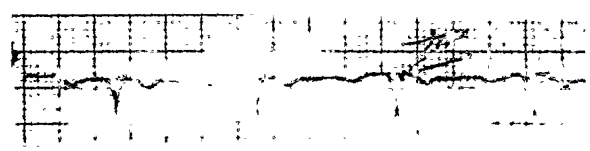
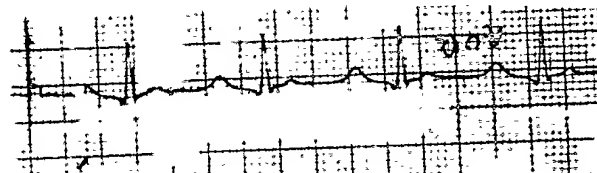
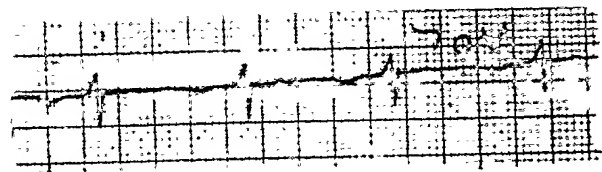
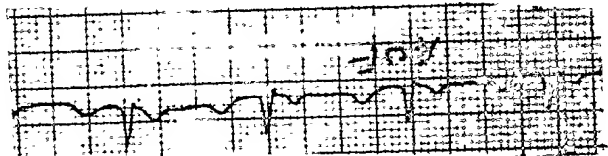
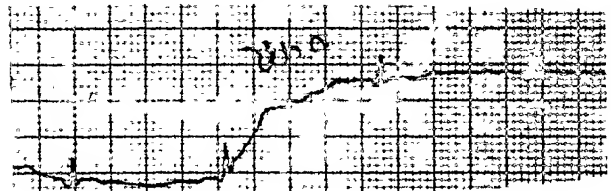
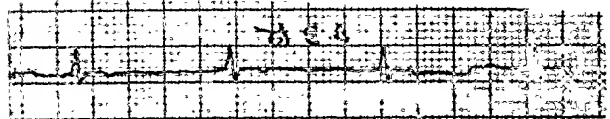
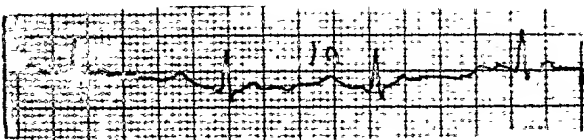
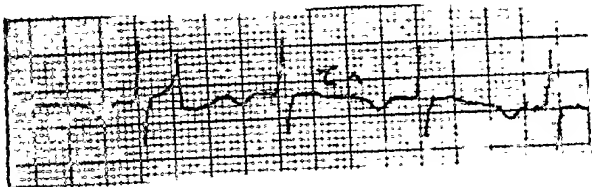
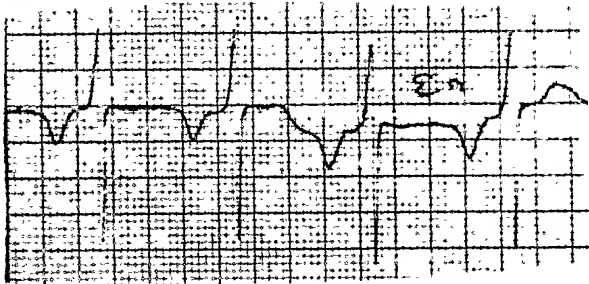
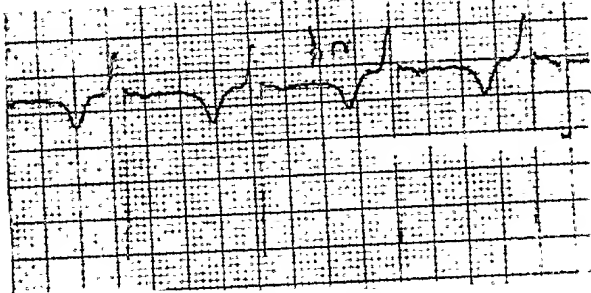
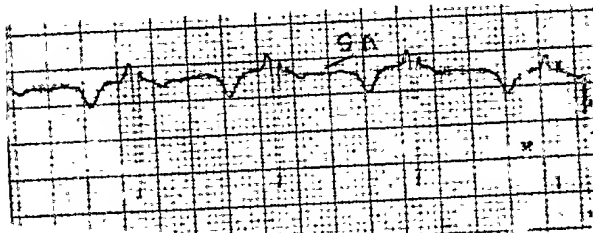
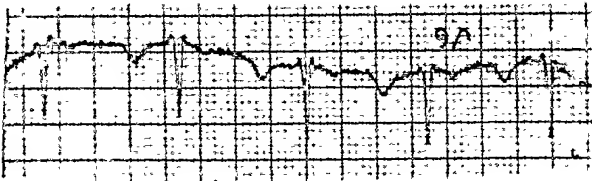
b6
b7C

NO. 16012				SIGNATURE  js		TITLE LCDR MC USN		DATE 1/28/62	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.		WARD NO. ST. CL.	

BAUMGARNER FRED J FBI
USNH NNMC BETHSEDA, MD

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)





CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE 49	SEX M	RACE	HEIGHT 5-9	WEIGHT 167	B. P.	SIGNATURE OF WARD PHYSICIAN Dr. [redacted]			DATE 1/1/61 @ 1145
RHYTHM Normal Sinus						AXIS DEVIATION (QRS) plus 45		RATES AURIC. VENT. 75	
INTERVALS PR 0.16 QRS .06 QT .36						P WAVES Normal			
QRS COMPLEXES RSR' V2									
RS-T SEGMENT Normal						T WAVES Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

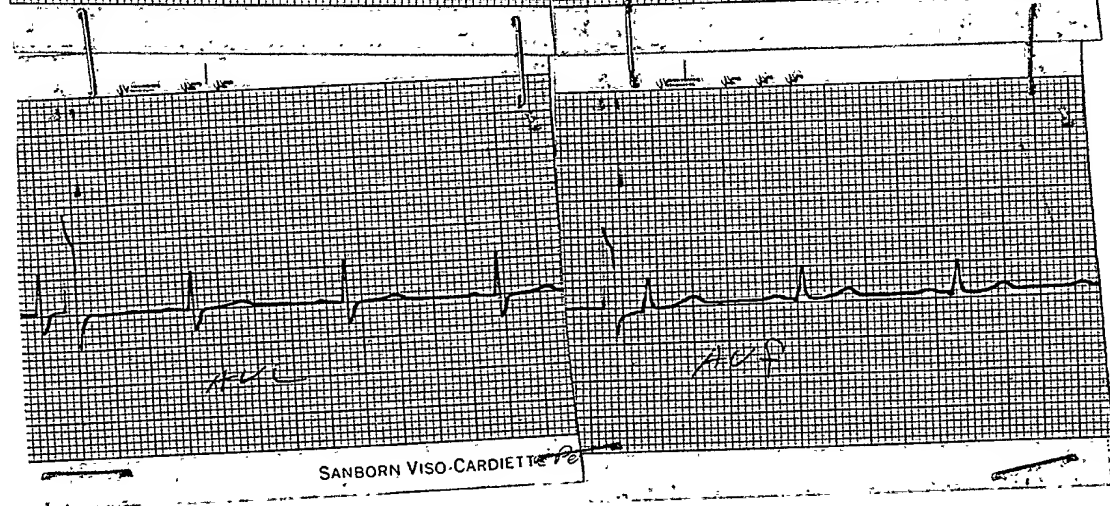
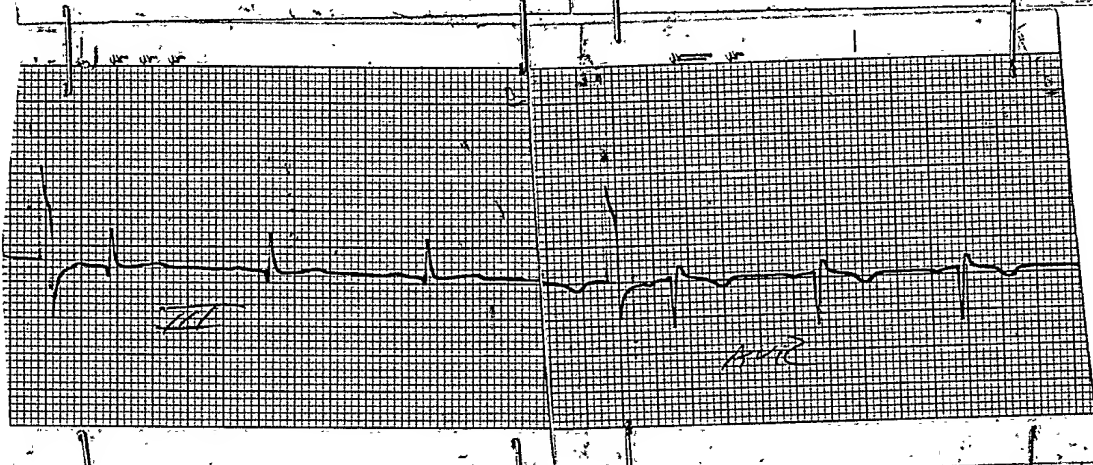
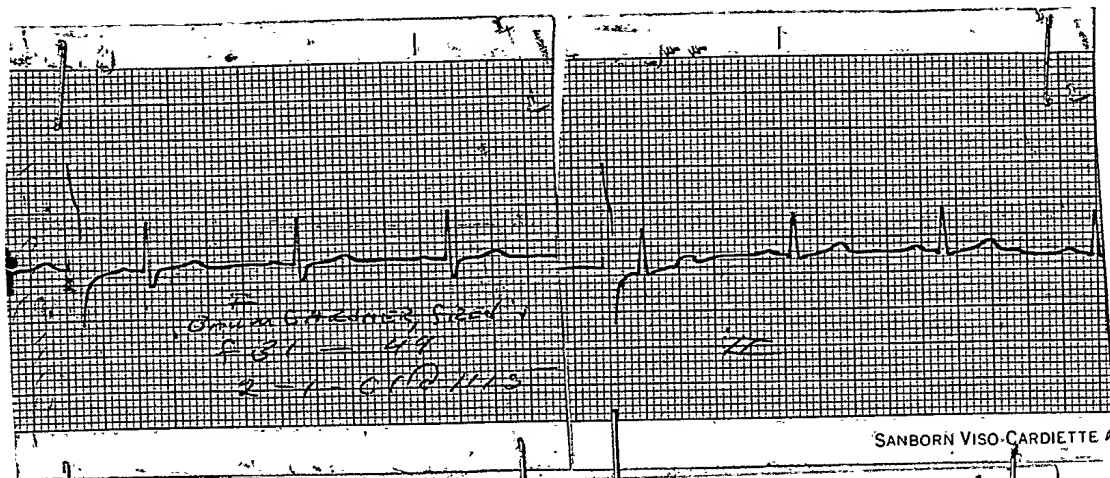
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits
2. No significant change since 2/19/60

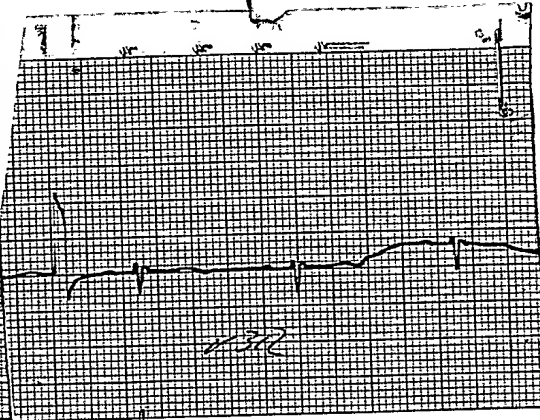
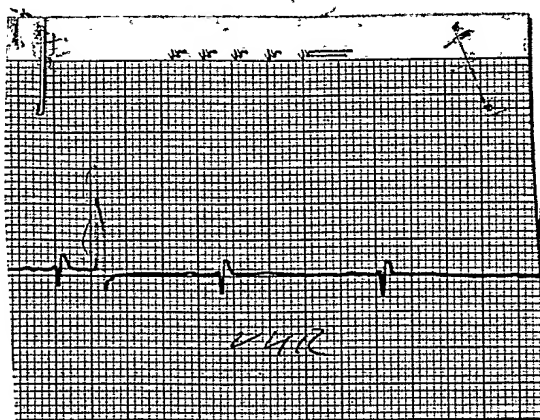
b6
b7C

NO. ECG 16012				SIGNATURE [redacted] /js		TITLE LCDR MC USN		DATE 2/2/61	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.		WARD NO.	
BAUMBARDNER FRED J USNH NNMC BETHSEDA, MD								ST CL	

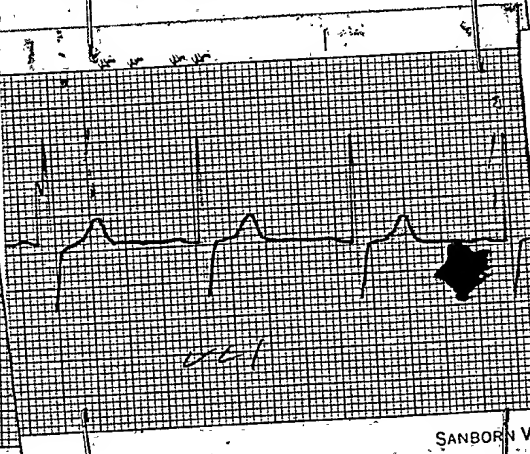
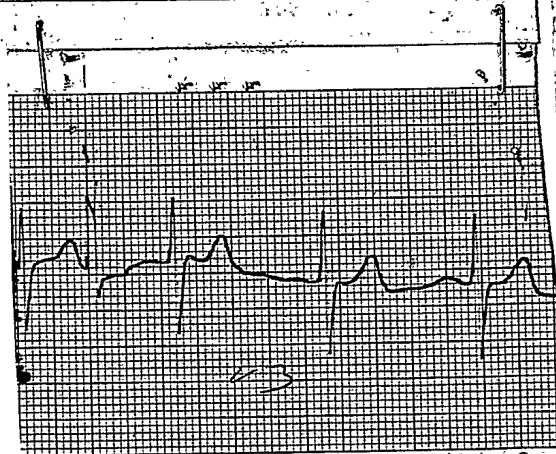
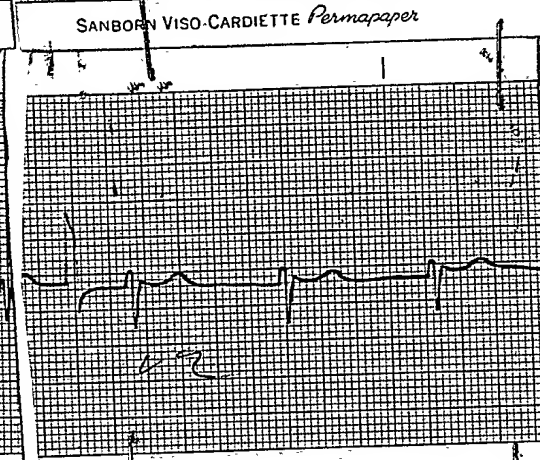
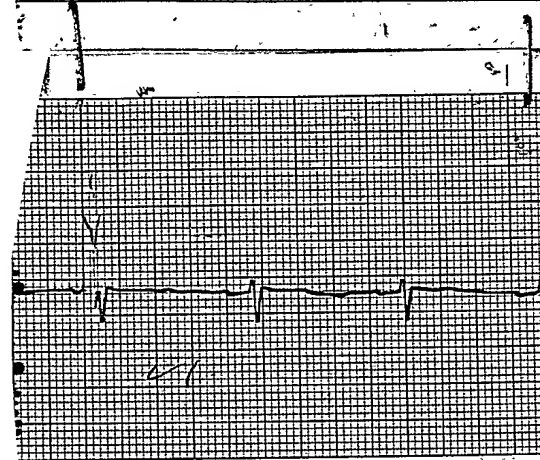
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



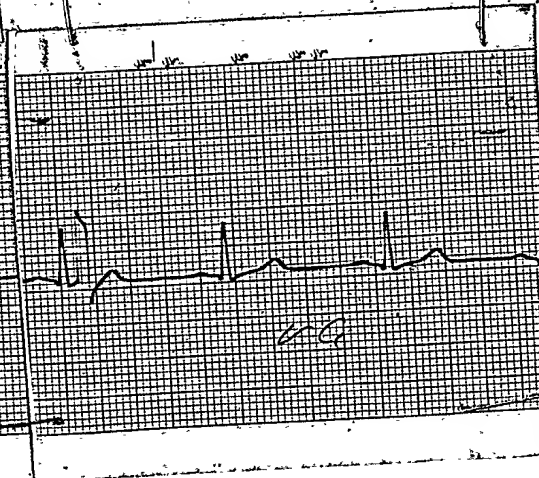
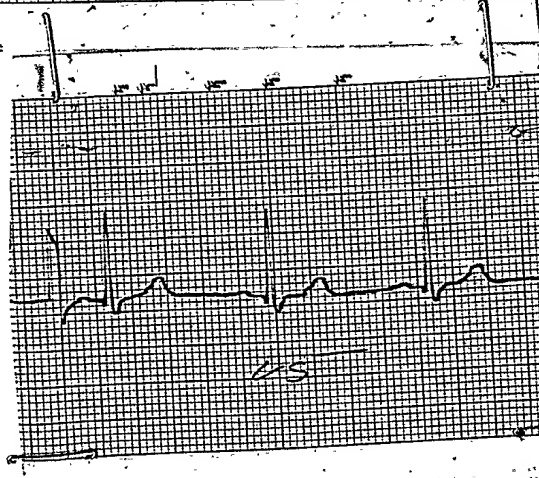
2-1-61



SANBORN VISO-CARDIETTE Permapaper



SANBORN VISC



2-1-61

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
48			69"	166					2-19-60 @115
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus rhythm						plus 60		AURIC. VENT. 65	
INTERVALS						P WAVES			
PR .16 QRS .09 QT .40						Normal			
QRS COMPLEXES									
Normal									
RS-T SEGMENT						T WAVES			
Normal						Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

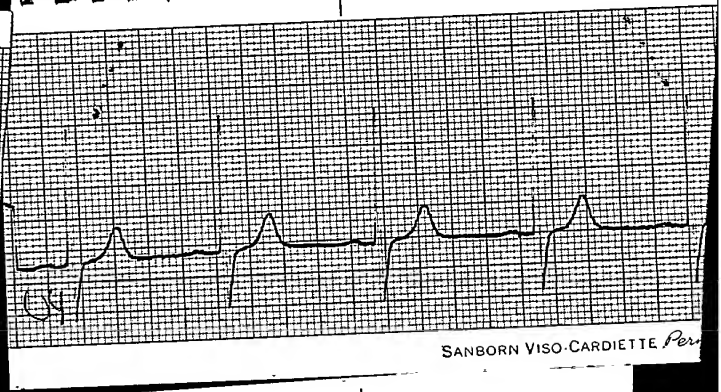
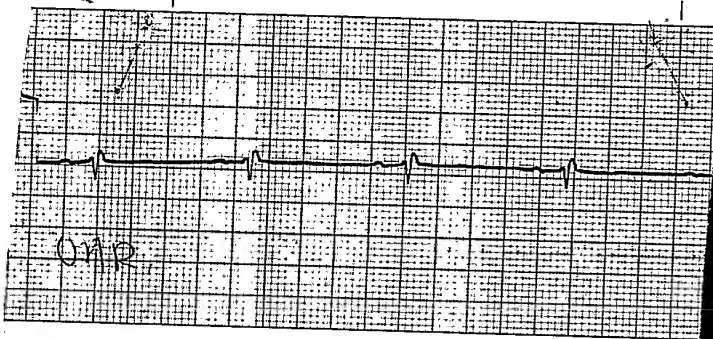
1. Within normal limits
2. No significant change since 2-3-59

b6
b7C

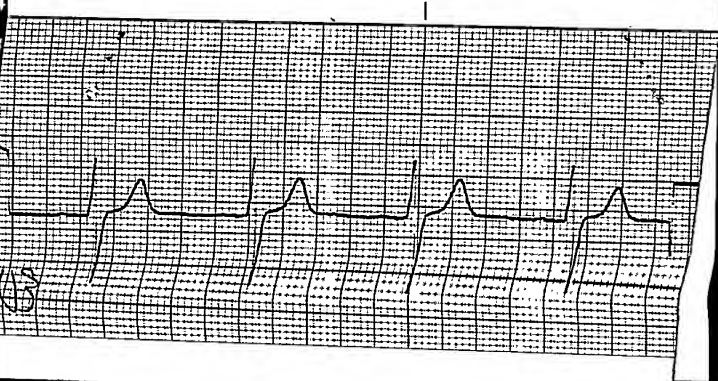
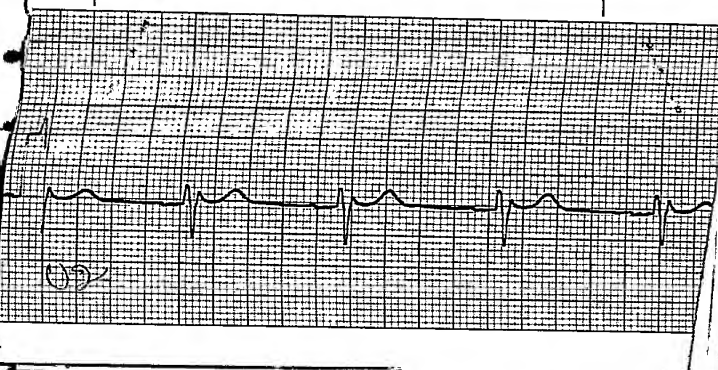
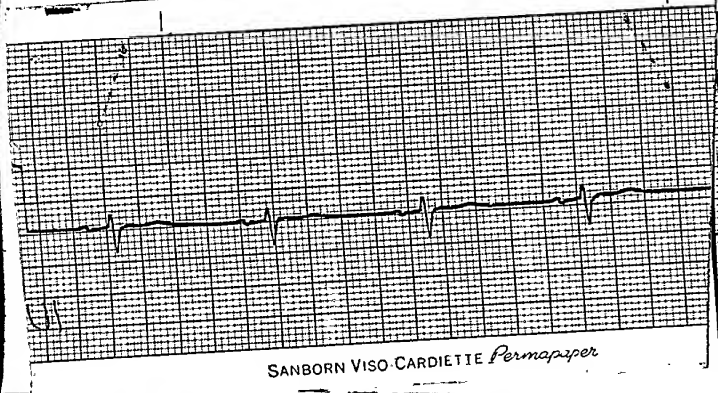
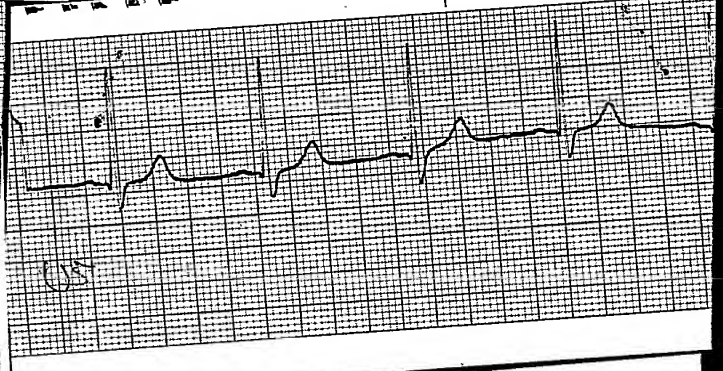
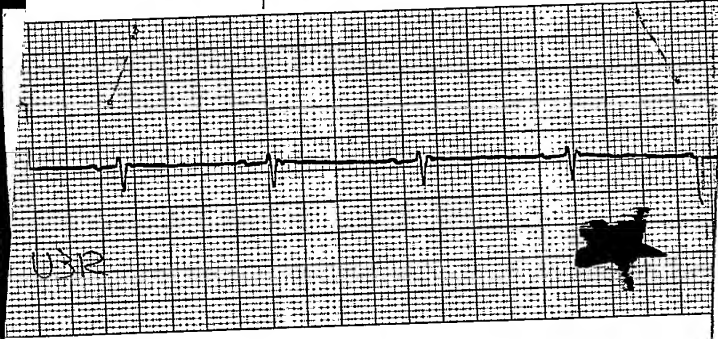
(Continue on reverse)

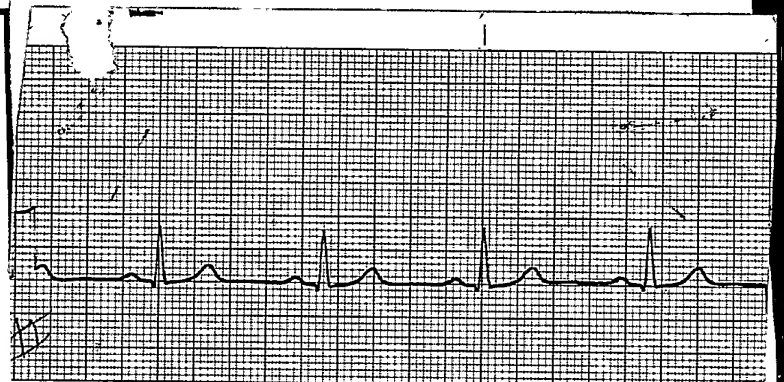
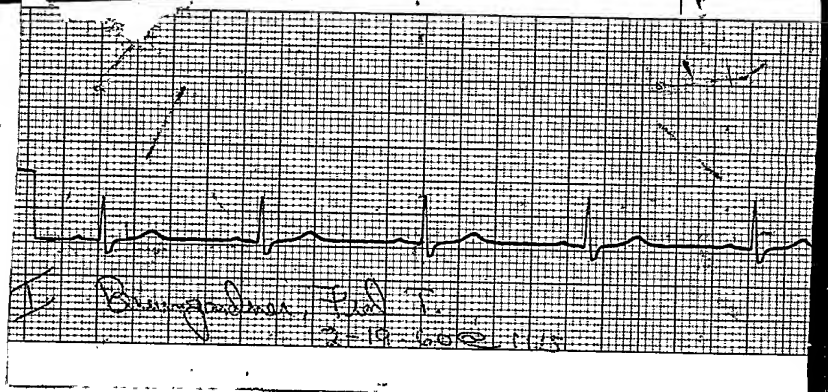
NO.	SIGNATURE	TITLE	DATE
ECG 16012	mjg	LCDR MC USN	2-23-60
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BAUMGARDNER, FRED J. FBI USNH BETHESDA, Md,			St 01.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

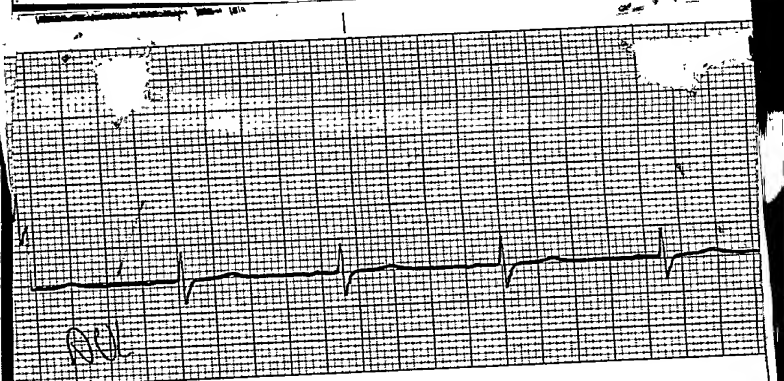
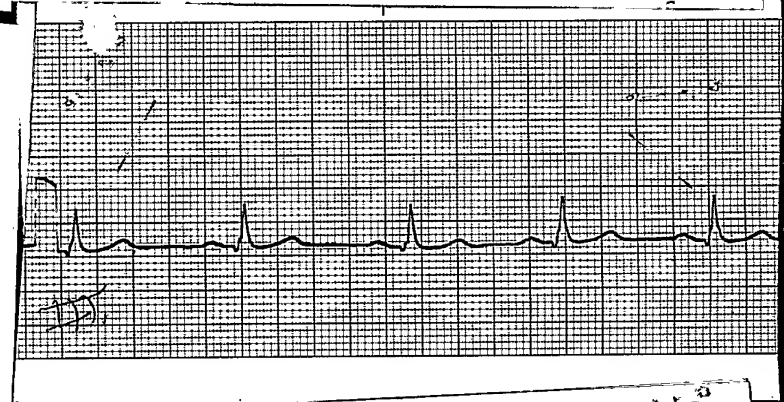


2-19-60

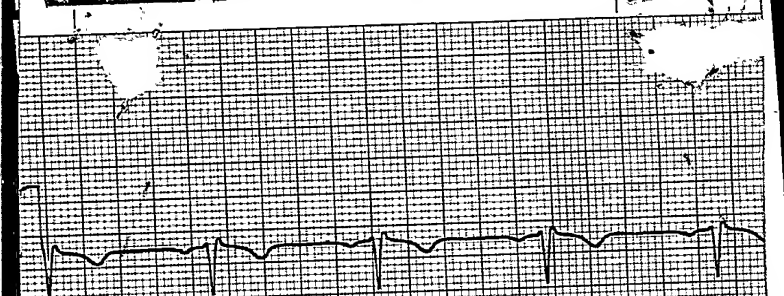




SANBORN VISO-CARDIETTE *Permapaper*



ISO-CARDIETTE *Permapaper*



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG		
CLINICAL IMPRESSION				MEDICATION b6 b7C				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE	
AGE 47				SEX RACE HEIGHT 69"				<input type="checkbox"/> ROUTINE		<input type="checkbox"/> AMBULANT
RHYTHM				AXIS DEVIATION (QRS)				RATES		
Normal sinus rhythm				plus 60				AURIC. VENT:70		
INTERVALS				P WAVES						
PR .16				QRS QRSx 07 QT						
QRS COMPLEXES										
RS-T SEGMENT				T WAVES						
UNIPOLAR EXTREMITY LEADS (Specify)										
PRECORDIAL LEADS (Specify)										

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 10-7-58

b6
b7C

(Continue on reverse)

NO. ECG 16012	SIGNATURE [Signature] mjc	TITLE LT, MC. USN.	DATE 3-13-59
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FRED FBI.		REGISTER NO.	WARD NO. ST. CL.

USNH, BETHESDA, Md.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GOVERNMENT PRINTING OFFICE 16-56209-3

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
Attach tracings to S. F. 507)

3-13-59

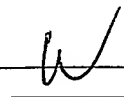
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CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
52	M	C	5'8"	160					1/9/63
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Sinus						/60		AURIC. 75 VENT. 75	
INTERVALS						P WAVES			
PR .18 QRS .08 QT .40						Normal			
QRS COMPLEXES									
rRprimer V1, V2									
RS-T SEGMENT						T WAVES			
Normal						Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within Normal limits.
~~Normal~~- No significant change.

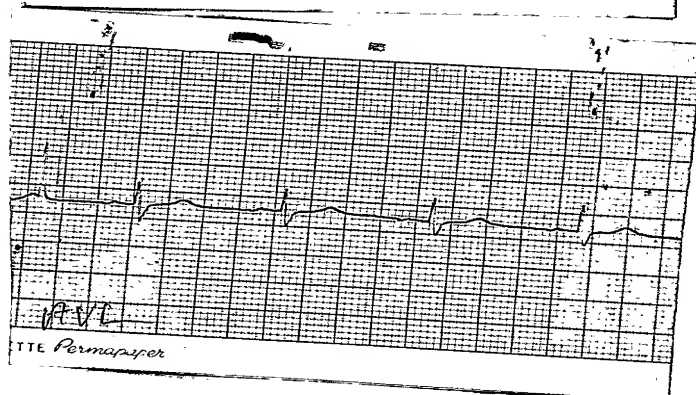
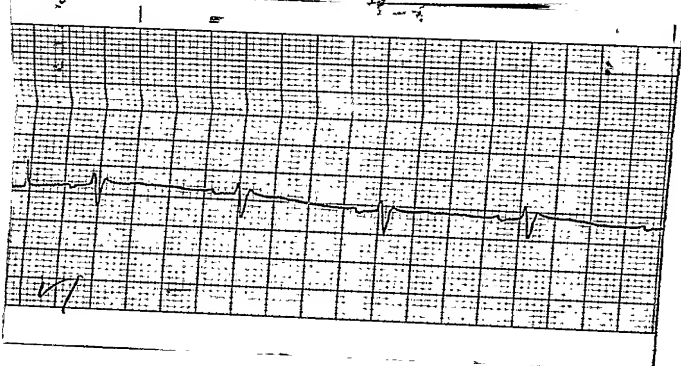
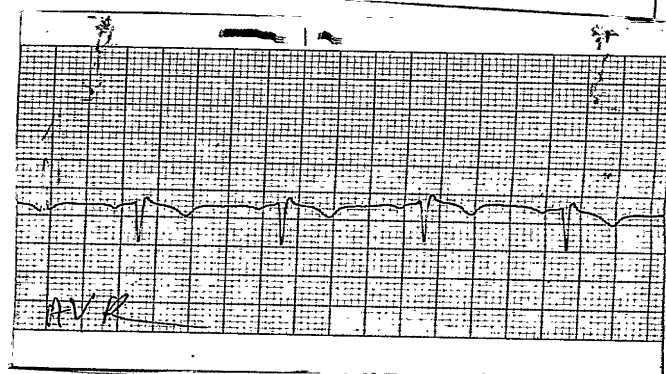
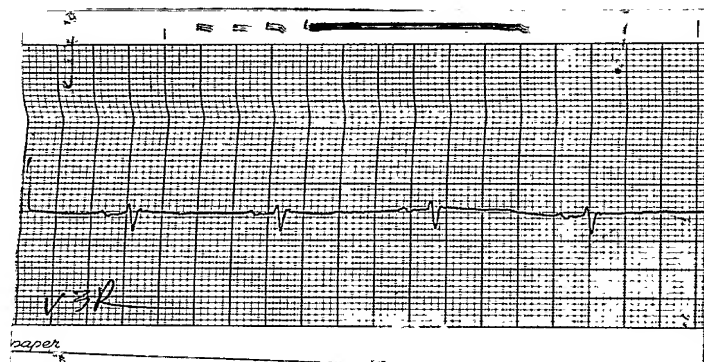
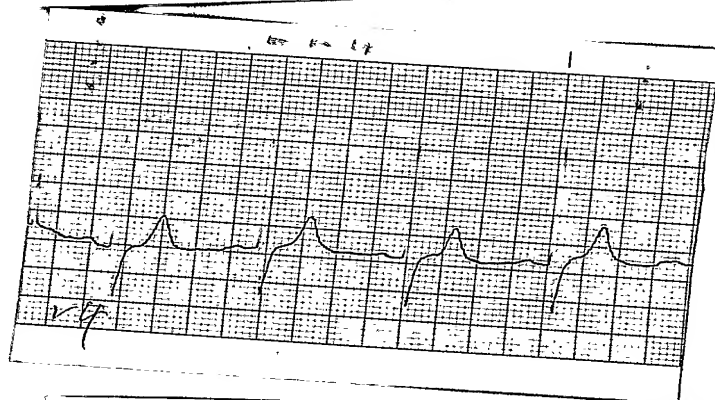
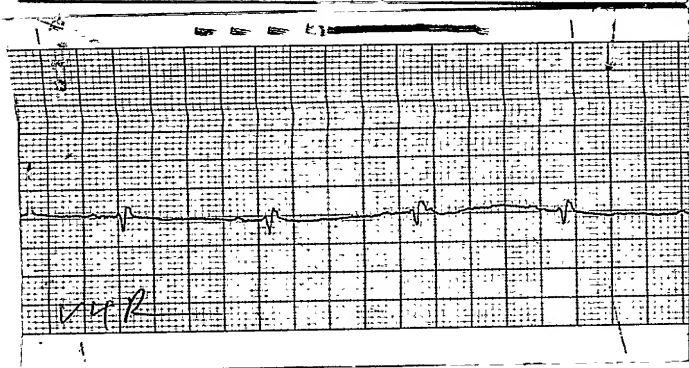
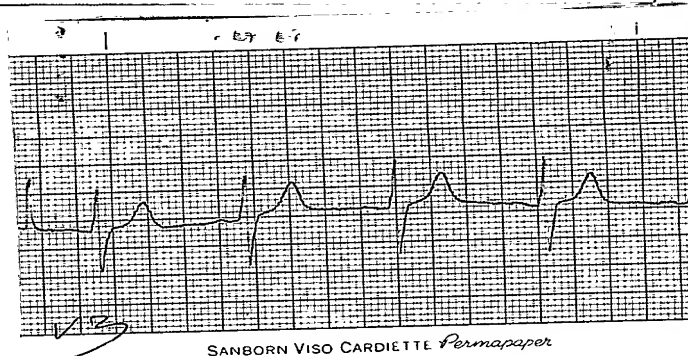
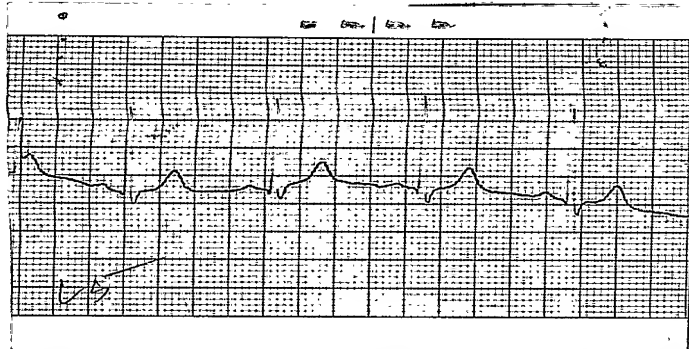
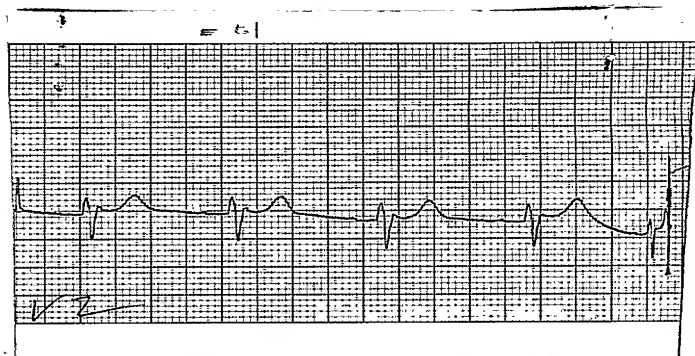
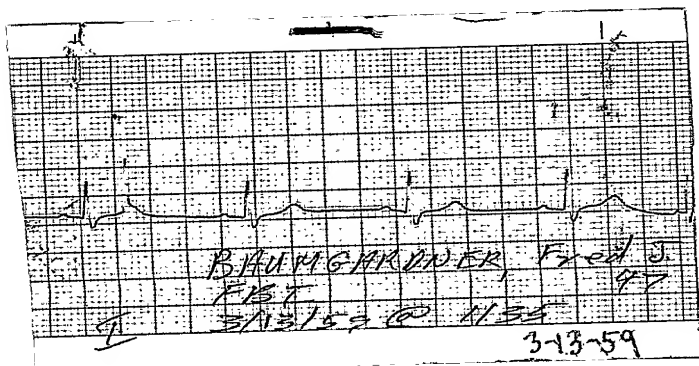
b6
b7c

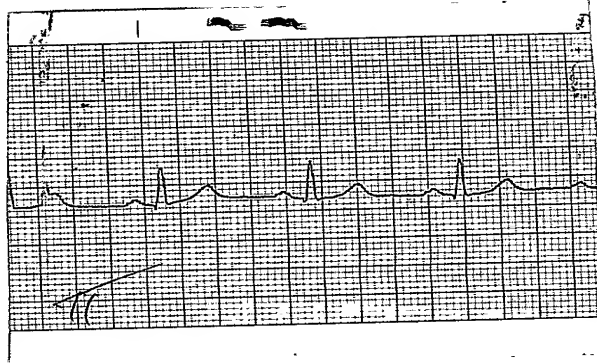
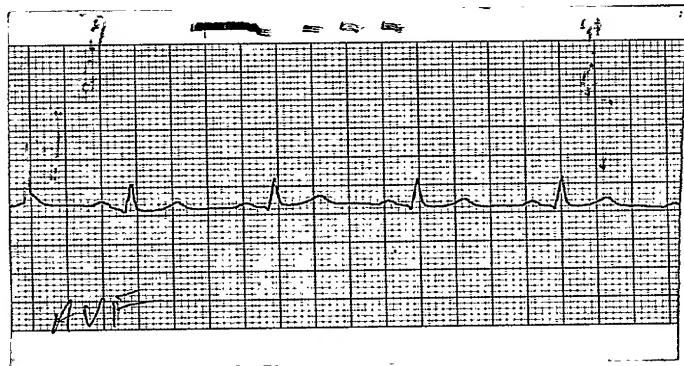
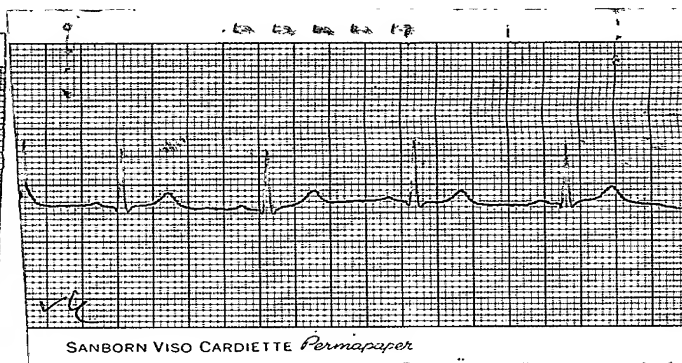
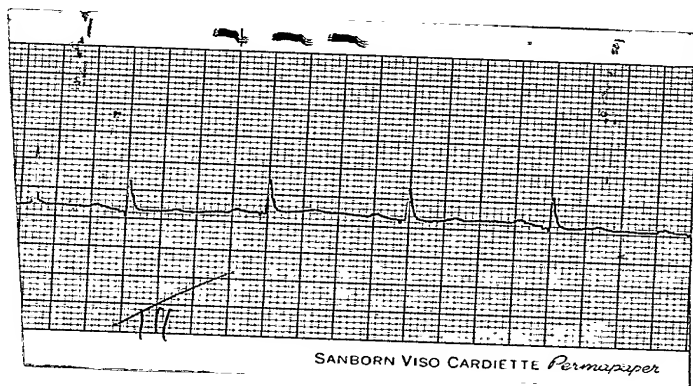
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NO.	SIGNATURE	TITLE	DATE
ECG 16012	Dr. 	Lt/MC/USN	1/9/63
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			Staff Clinic

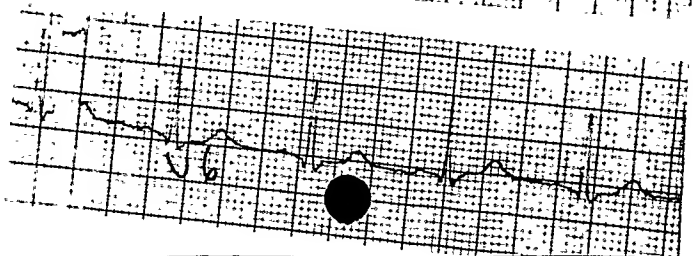
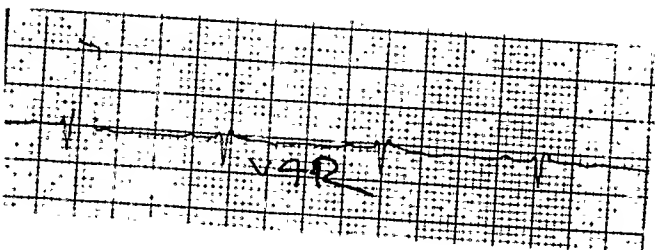
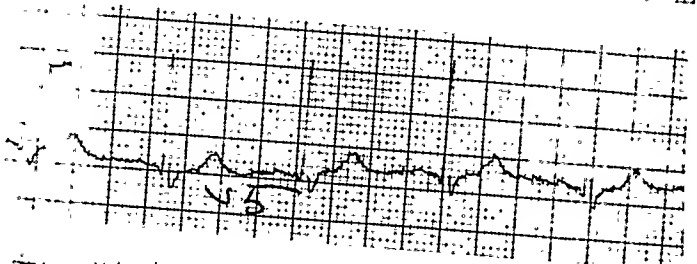
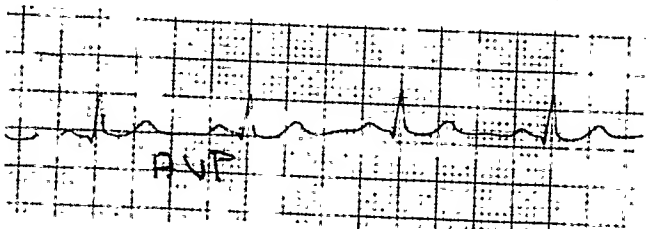
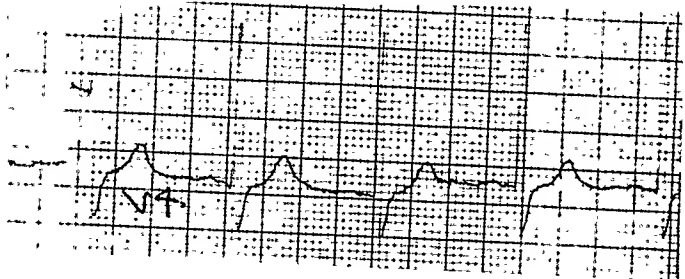
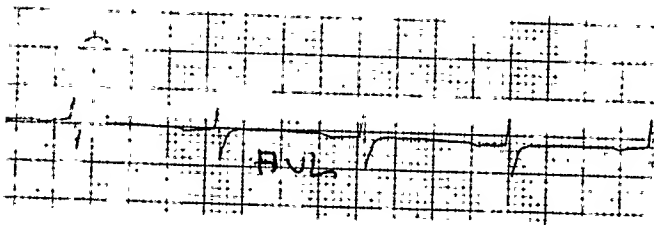
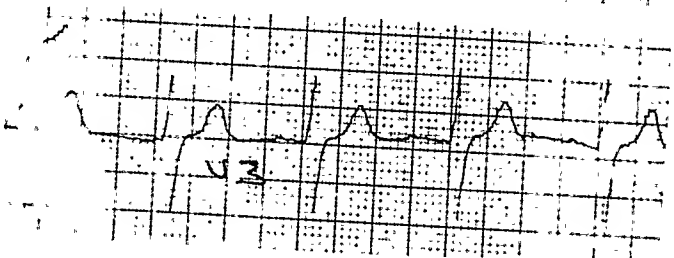
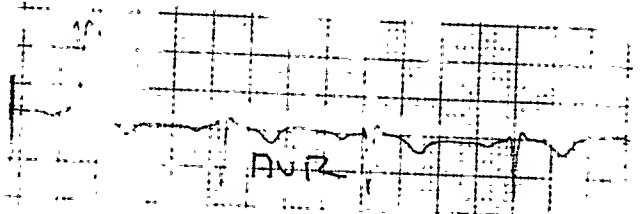
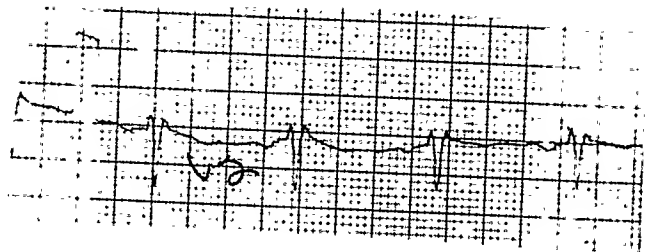
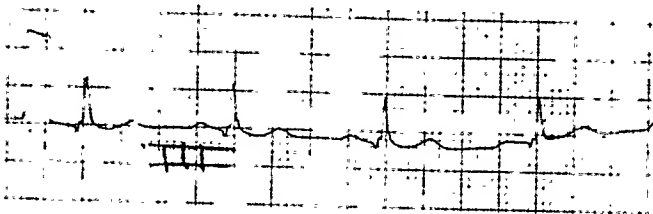
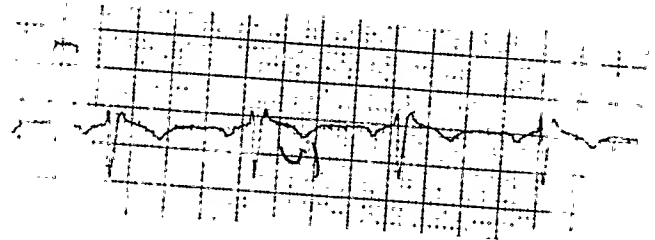
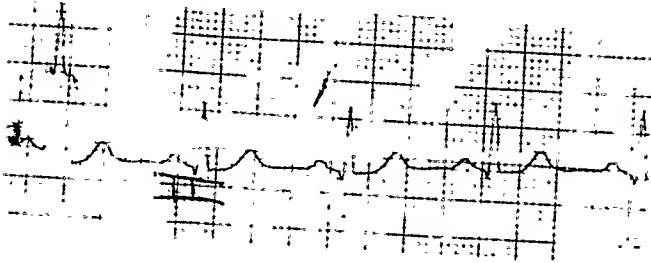
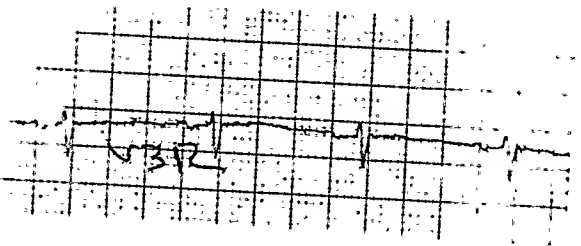
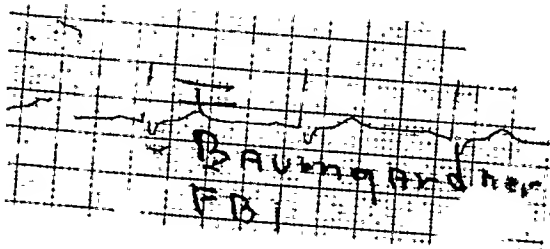
Baumgardner Fred J.
FBI.

U. S. NAVAL HOSPITAL
CARDIOLOGY DEPT.
BETHESDA, MARYLAND

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-10-1
(Attach tracings to S. F. 507)







CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
43	M		5'9"	170		Dr. [redacted]			4-19-55
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

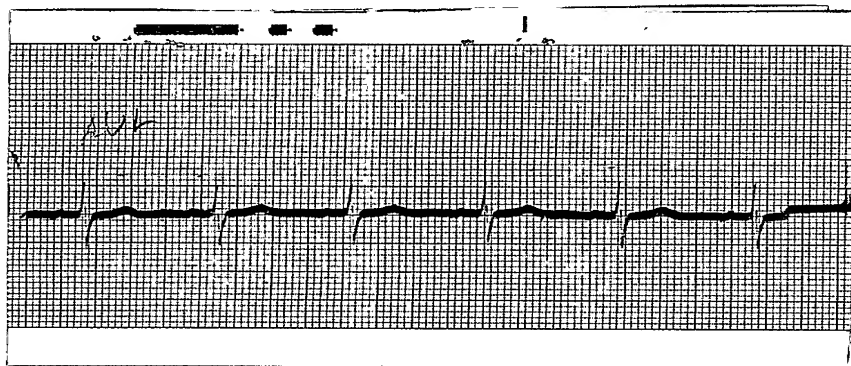
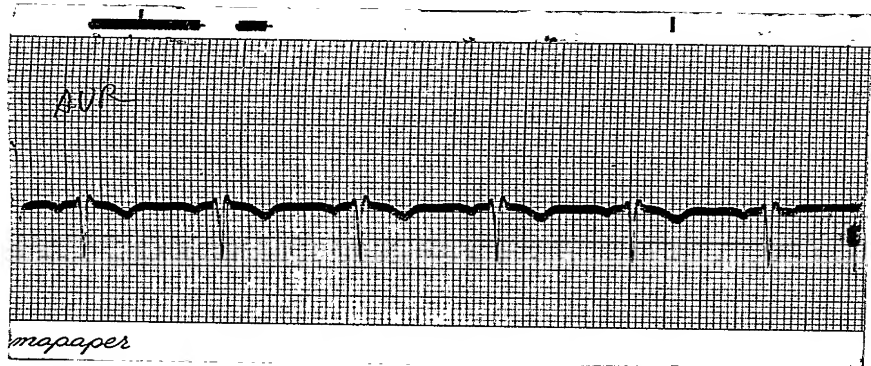
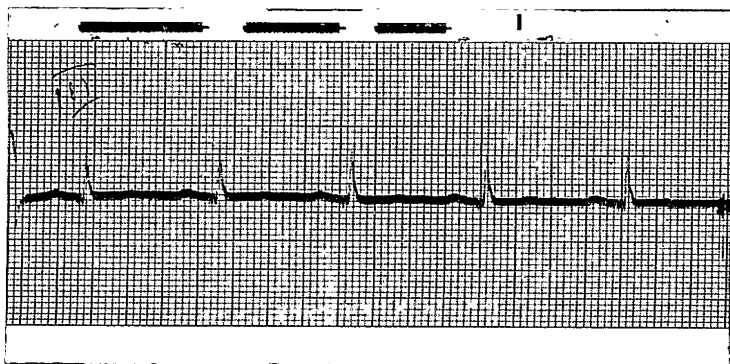
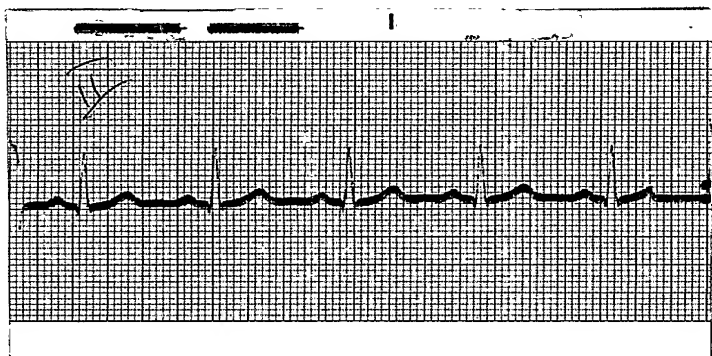
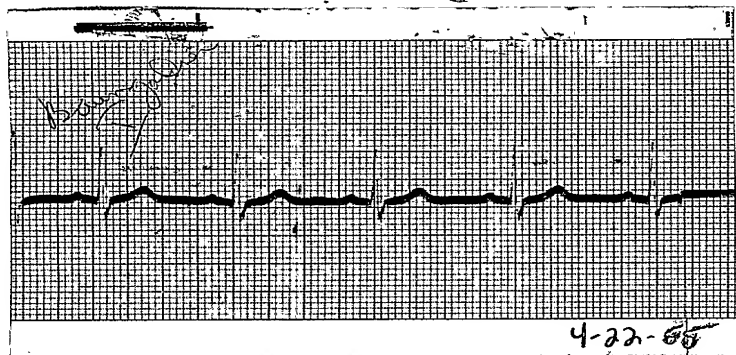
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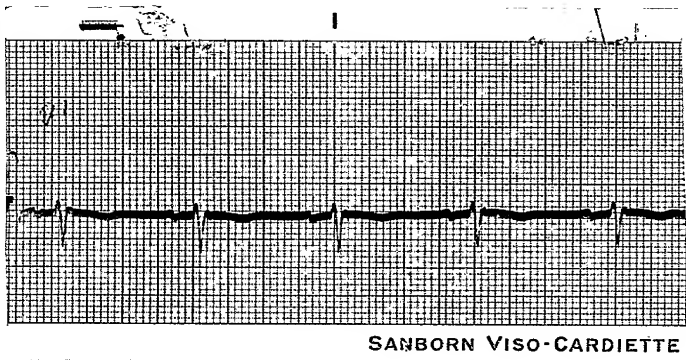
b6
b7C

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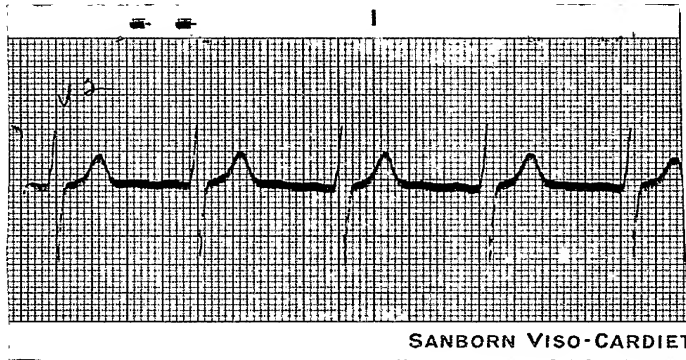
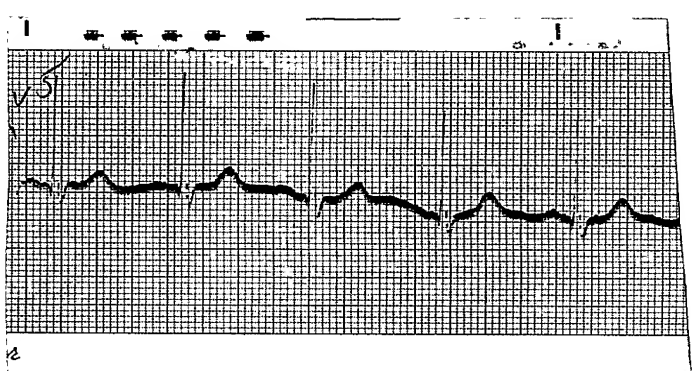
NO.	SIGNATURE	TITLE	DATE
ECG 16012	[redacted]	LT LC USN	4-22-55
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
BAUMGARDNER, Fred Jackson		F.B.I.	0.P. File

USNH, BETHESDA, MD.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

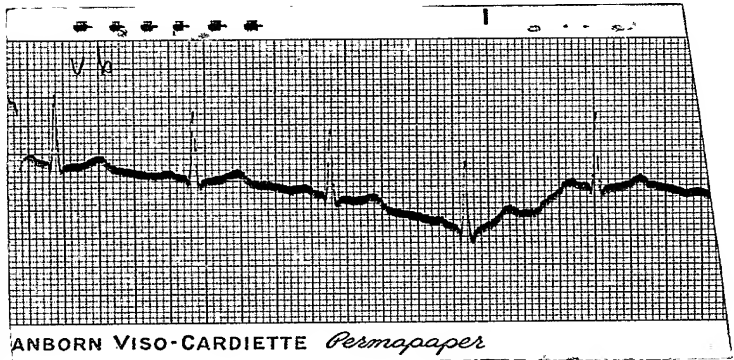




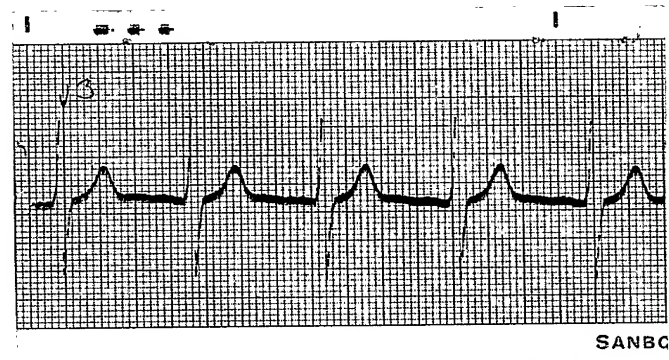
SANBORN VISO-CARDIETTE



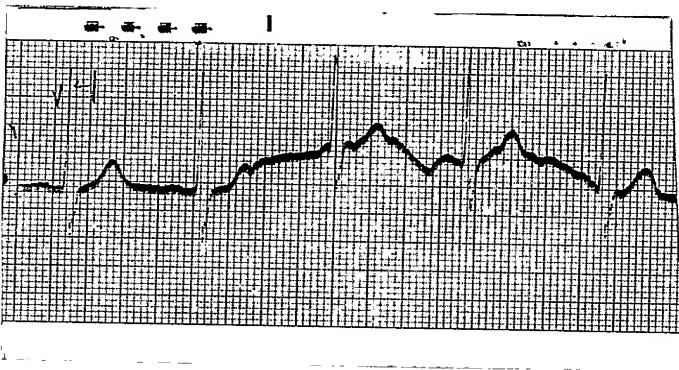
SANBORN VISO-CARDIETTE



SANBORN VISO-CARDIETTE *Permapaper*



SANBORN

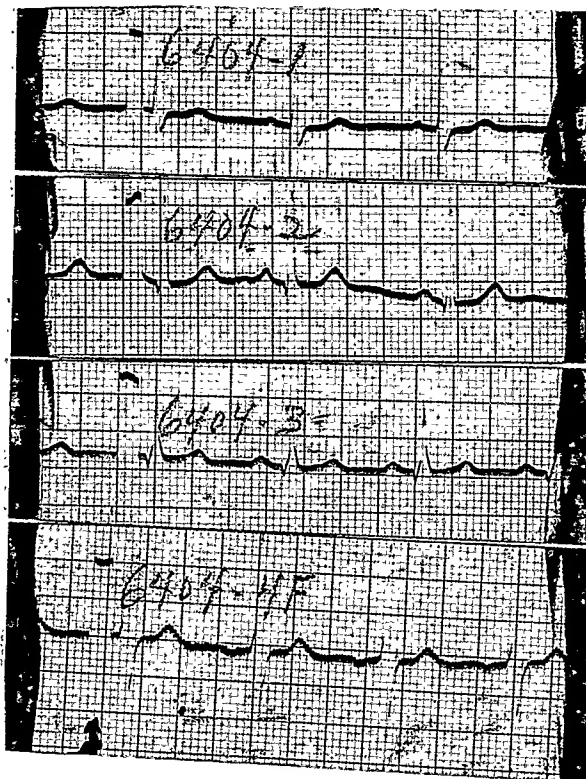


NNMC-172
(15m)

NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND

ELECTROCARDIOGRAPH STUDY

Name BAUMGARDNER, Fred J. Rate FBI Age 36 Ward 101
Diagnosis _____ Previous Tests No
Referred by Dr. Smith MC, USN(R)



INTERPRETATION

Cardiac No. D 6404

ECG Taken 5-4-48

Rhythm: Sinus
Rate: 80 per minute
P Waves:

P-R Interval:
QRS Occupies:
Q Waves:
Axis Deviation:

S-T Segment:

T Waves:

Chest Leads:

Conclusion: Within normal limits.

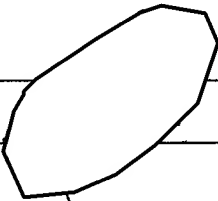
[Signature]
R. C. PARKER, Jr.
Comdr. (MC), USN
Comdr. (MC)

CLINICAL RECORD						ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AGE						SEX		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE	
								<input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
RACE						HEIGHT		DATE	
WEIGHT						B. P.		RATES	
SIGNATURE OF WARD PHYSICIAN								AURIC. VENT.	
RHYTHM						AXIS DEVIATION (QRS)			
INTERVALS						P WAVES			
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Conclusion: *in normal limits.*

b6
b7C

NO.	SIGNATURE	TITLE	DATE
ECG			<i>MS 4/17/5</i>

MOUNT TRACINGS HERE

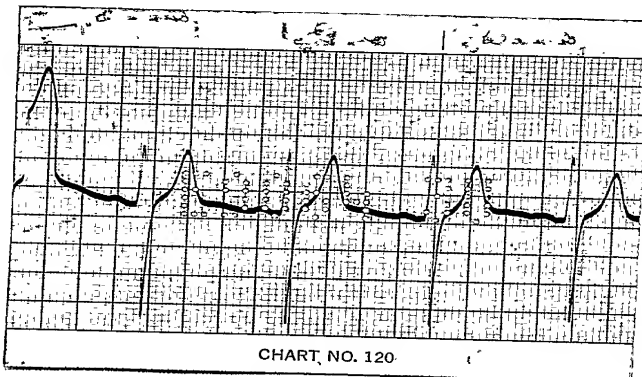
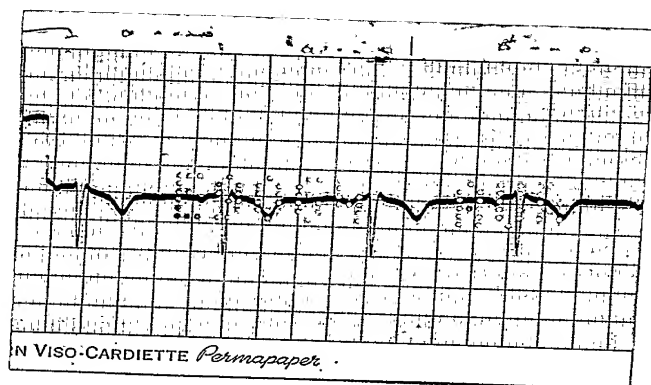
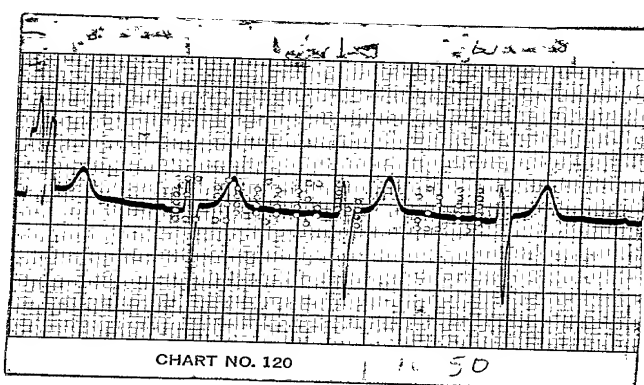
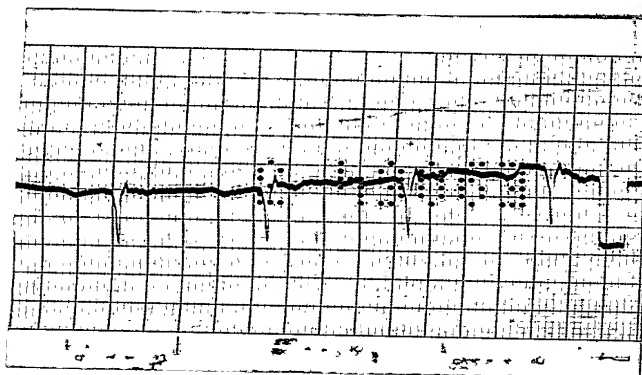
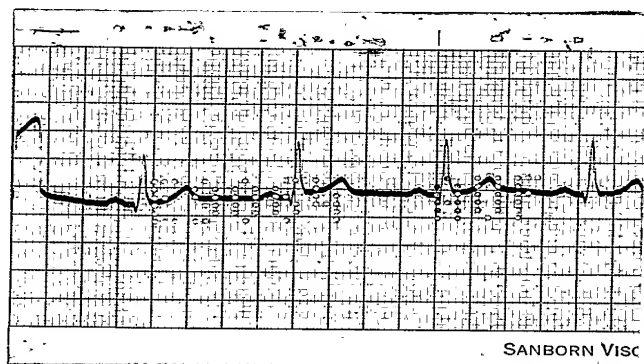
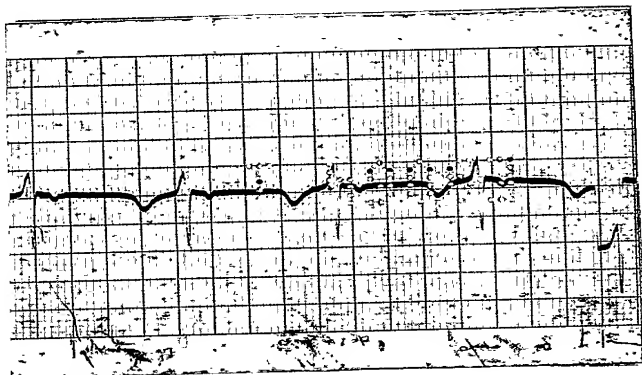
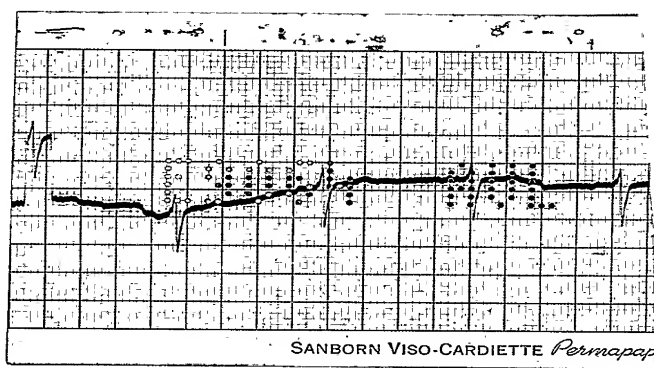
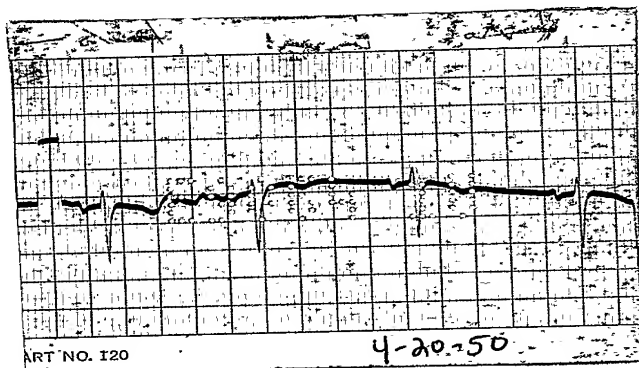
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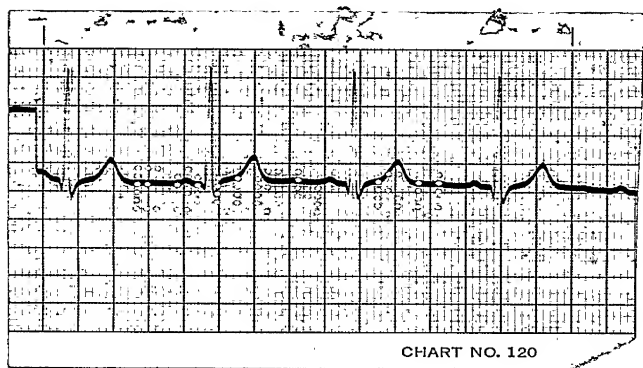
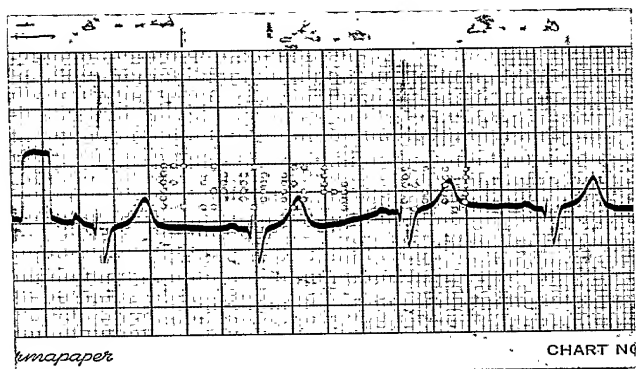
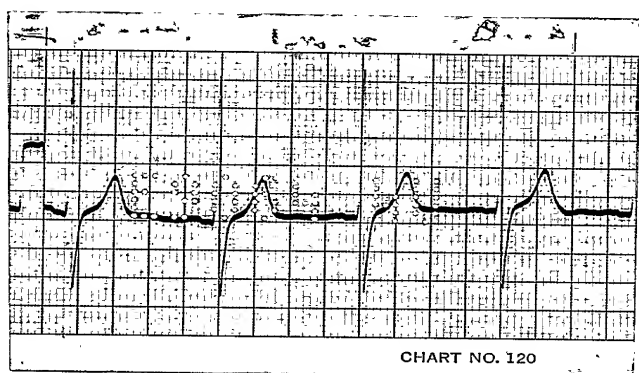
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.

USNH Bethesda, Md.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520





CLINICAL RECORD						ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
AGE						SEX		<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
								DATE	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						Normal		AURIC.	VENT. 75
INTERVALS						P WAVES			
PR .16 QRS .06 QT .32						Normal			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
PRECORDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:									
CONCLUSION: Normal ECG.						b6 b7C		[Signature]	
NO.		[Redacted]				TITLE		DATE	
ECG 343						LTJG MC USNR		6-1-51	

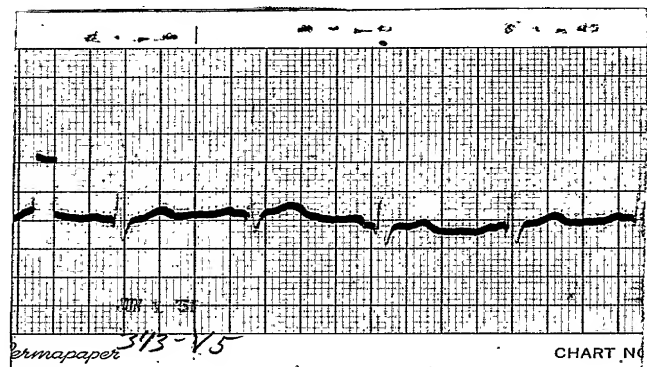
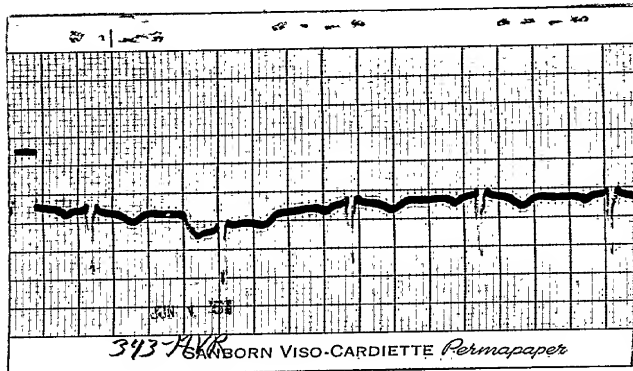
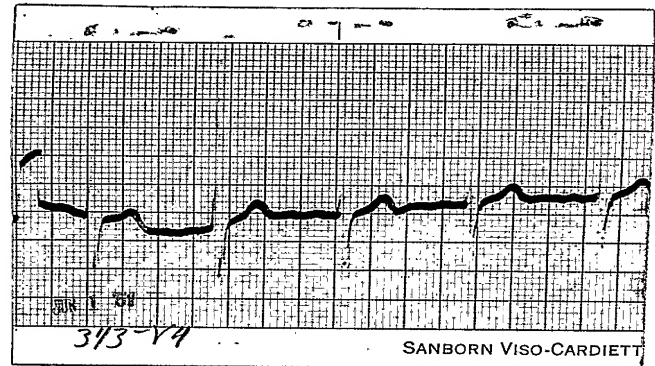
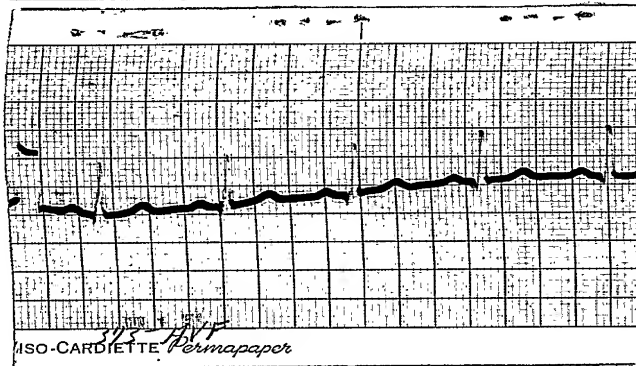
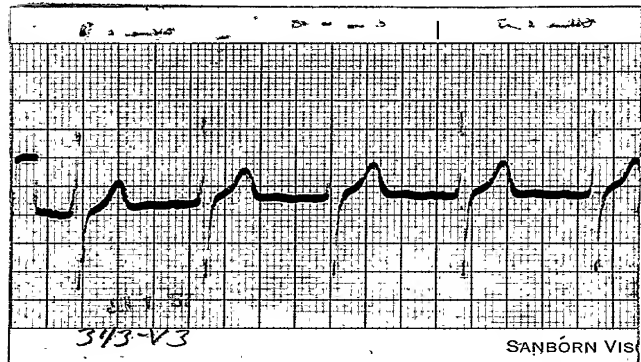
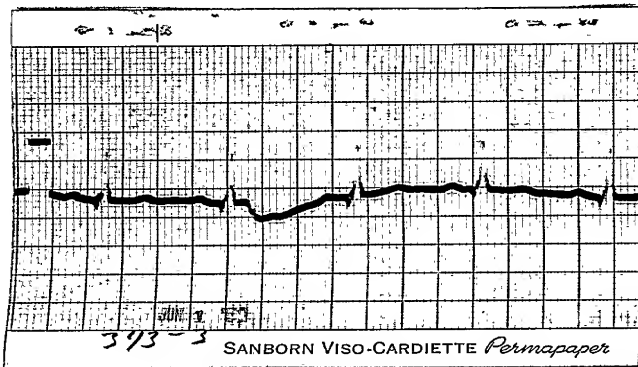
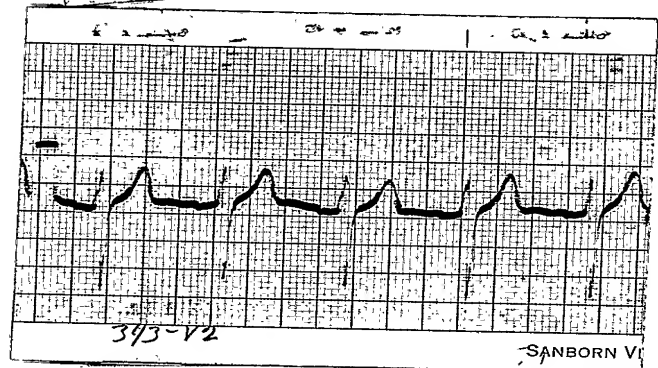
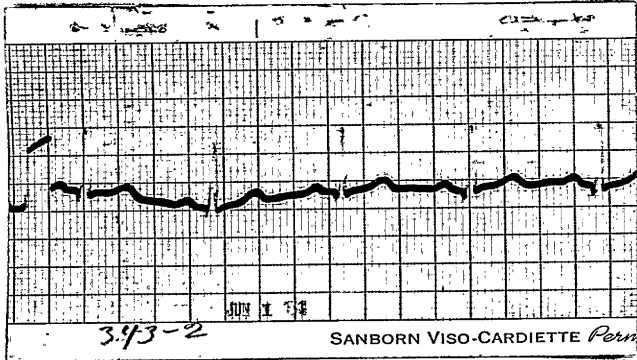
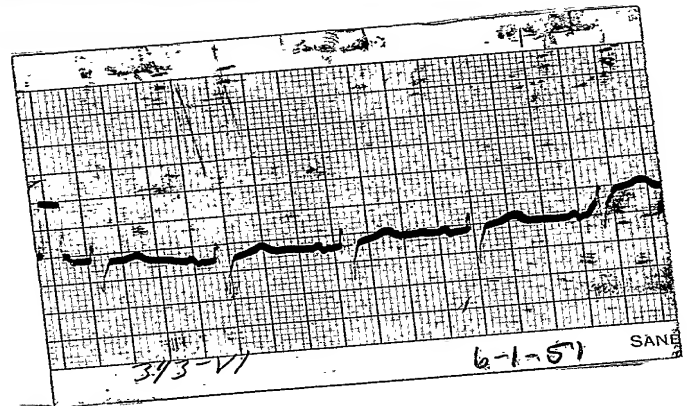
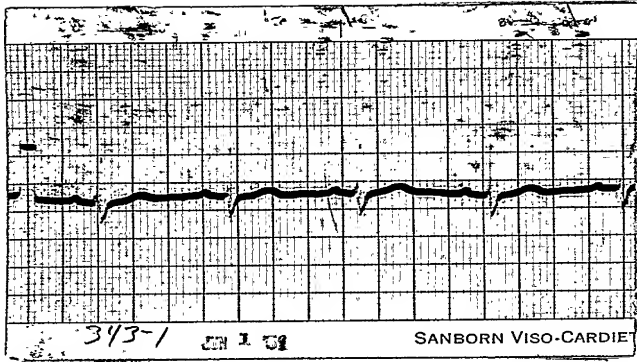
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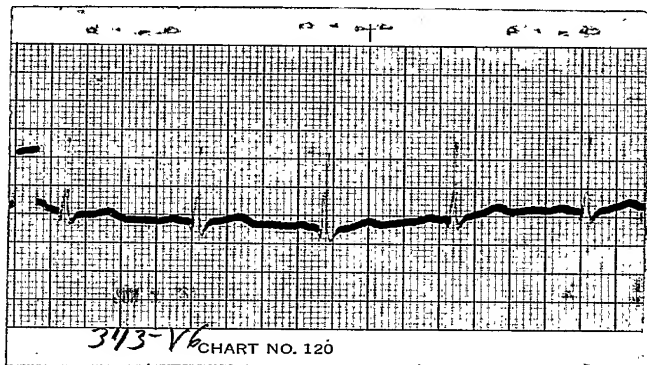
(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
BAUMGARDNER, Fred Jackson	FBI	101-1

USNH, Fort Belvoir, Ill.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

66X
7-21-57





CLINICAL RECORD						ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG		
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE	
AGE						SEX		<input type="checkbox"/> ROUTINE		<input type="checkbox"/> AMBULANT
								DATE		
RHYTHM						AXIS DEVIATION (QRS)		RATES		
Normal Sinus Rhythm						Vertical		AURIC. VENT. 90		
INTERVALS						P WAVES				
PR .16						QRS .06		QT .36		
QRS COMPLEXES						Normal		PAVL biphasic		
RS-T SEGMENT						T WAVES				
PRECORDIAL LEADS (Specify)										
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:										

CONCLUSION: NORMAL ECG.

b6
b7c

NO.	TITLE	DATE
ECG 343	LT MCUSNR	7/21/52

MOUNT TRACINGS HERE

(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
BAUMGARDNER FRED J.	FBI	

NNMC BETHESDA. MD

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
69	M		69"	176		DR. [REDACTED]		10-7-58 1210	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						± 60°		AURIC. VENT. 75	
INTERVALS						P WAVES			
PR .12 QRS .08 QT .36									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits
2. No significant change since 3-15-58

b6
b7C

NO.	ECG 16012	[REDACTED]	DATE	10-7-58
PATIENT'S IDENTIFICATION (For typed or written reports give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.	WARD NO.
BAUMGARDNER, FRED J				ST. CLINIC

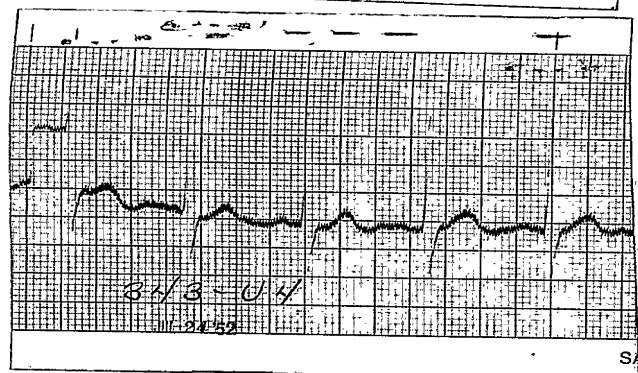
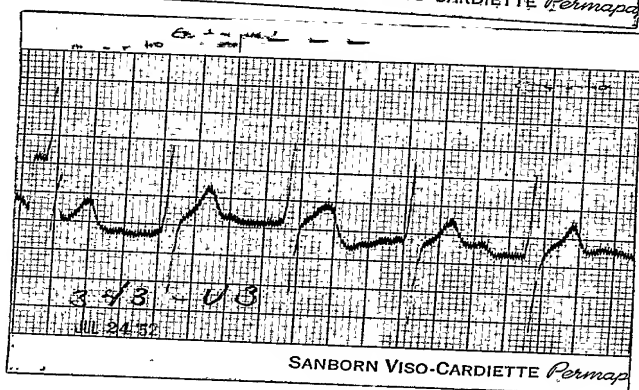
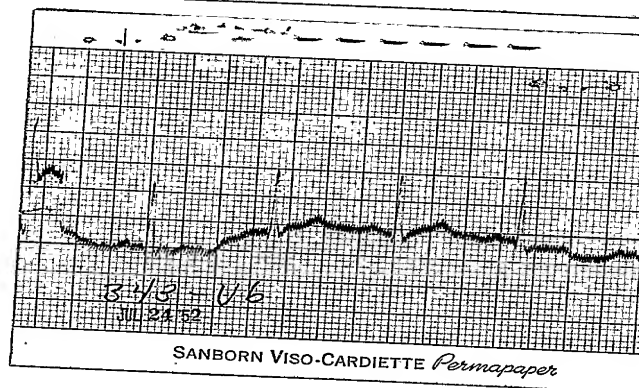
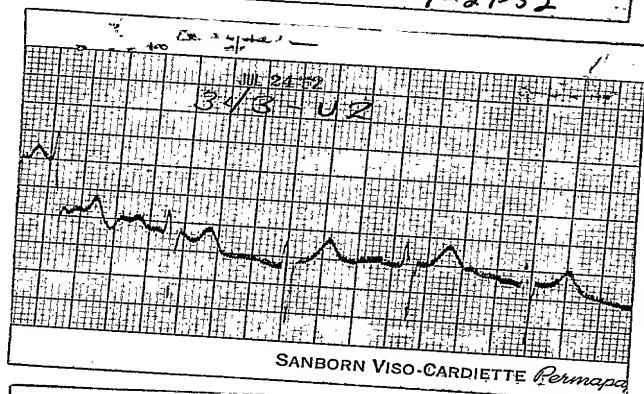
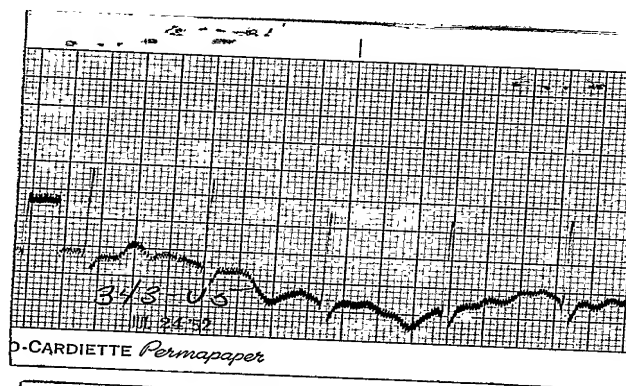
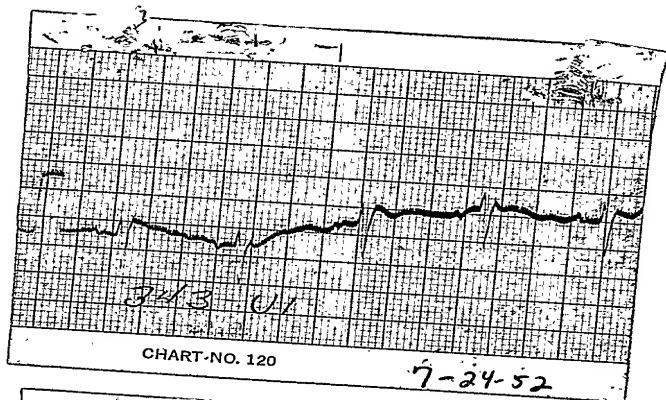
BAUMGARDNER, FRED J
USNH NNMC BETHESDA MD.

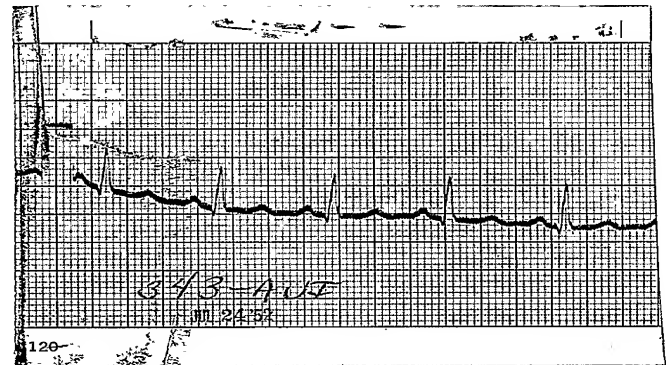
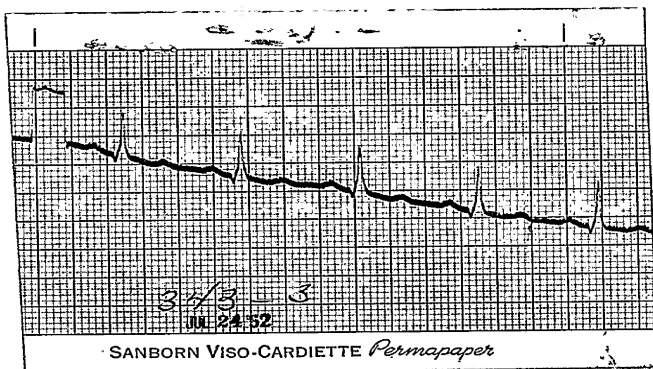
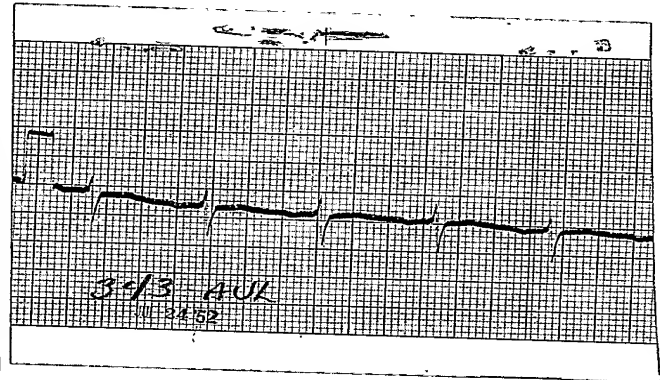
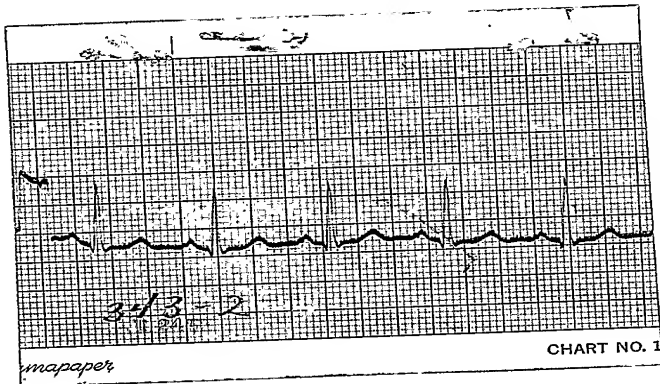
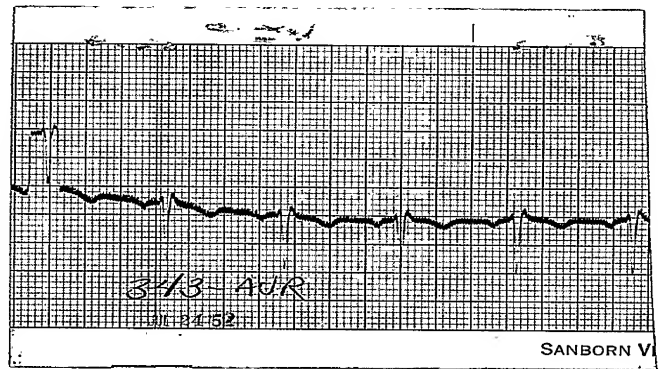
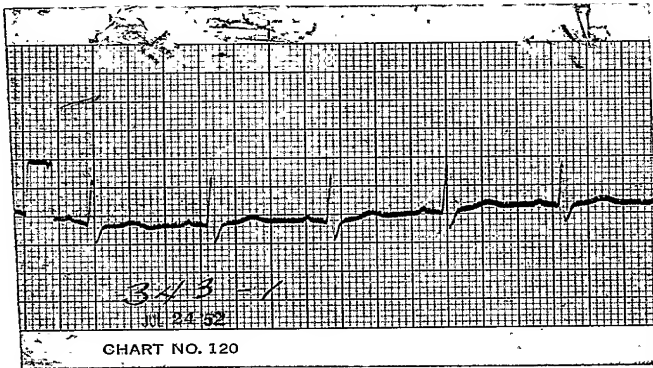
FBI

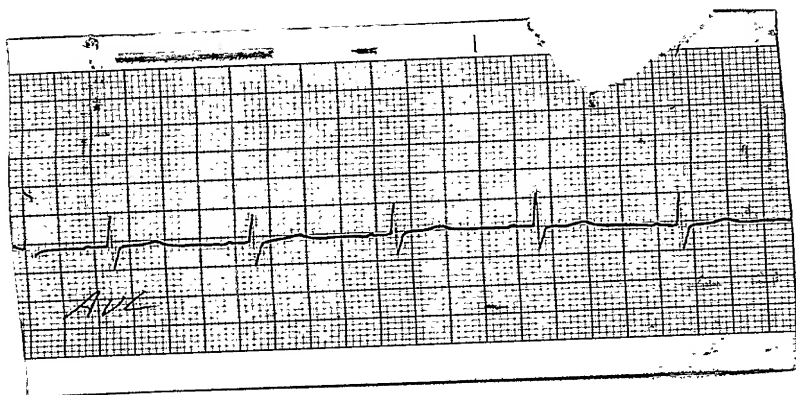
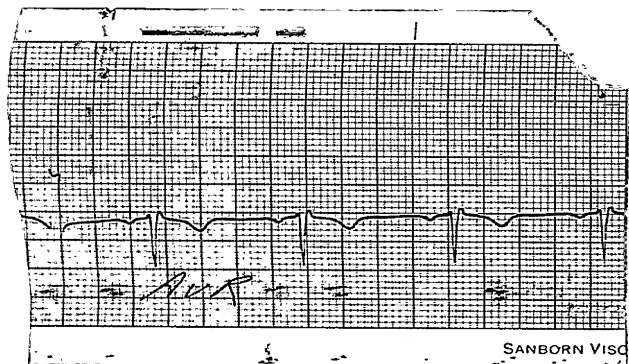
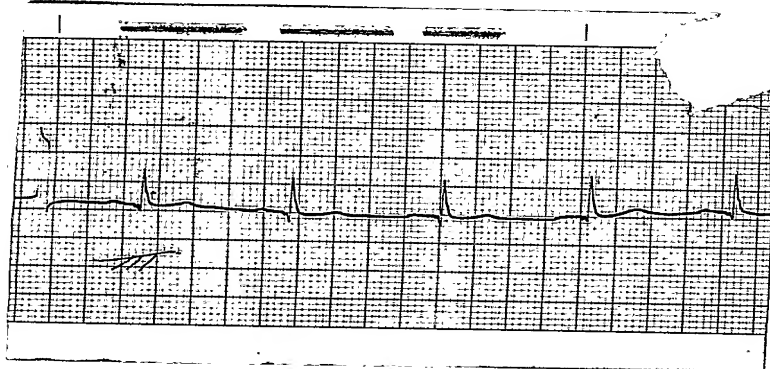
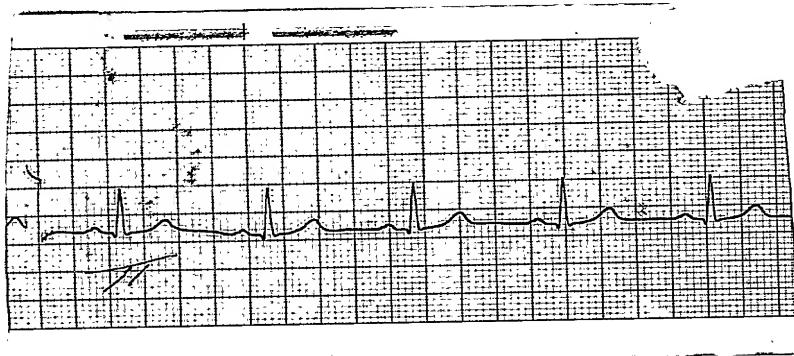
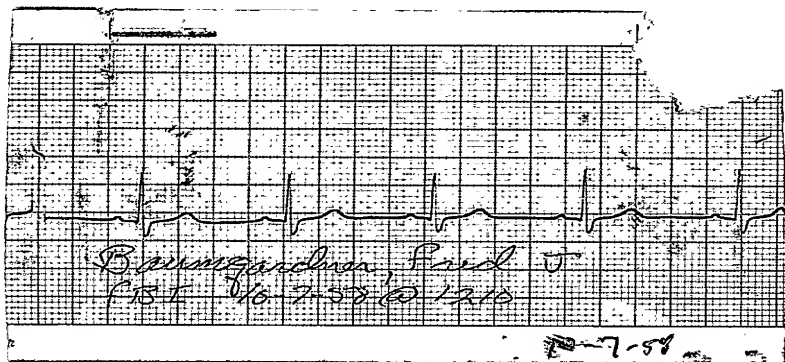
ELECTROCARDIOGRAPHIC RECORD

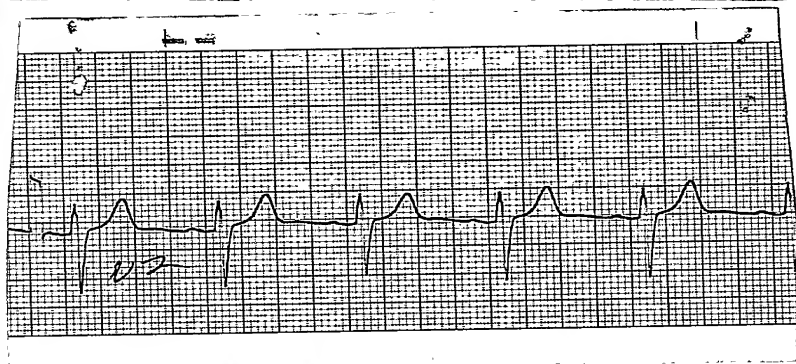
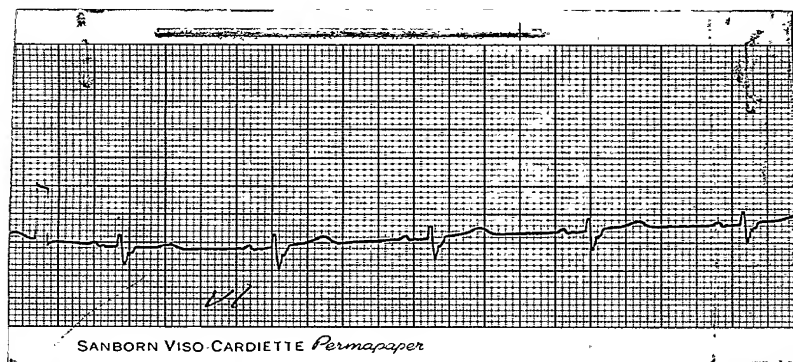
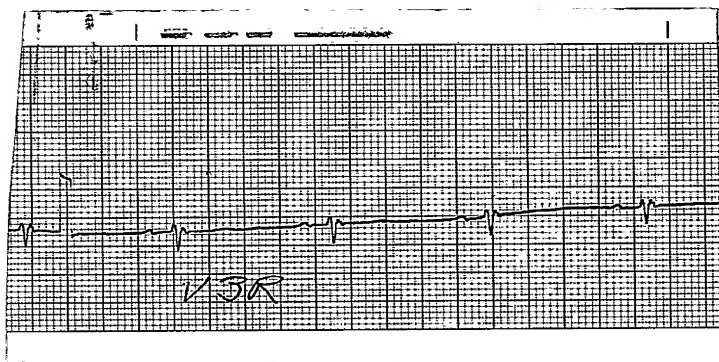
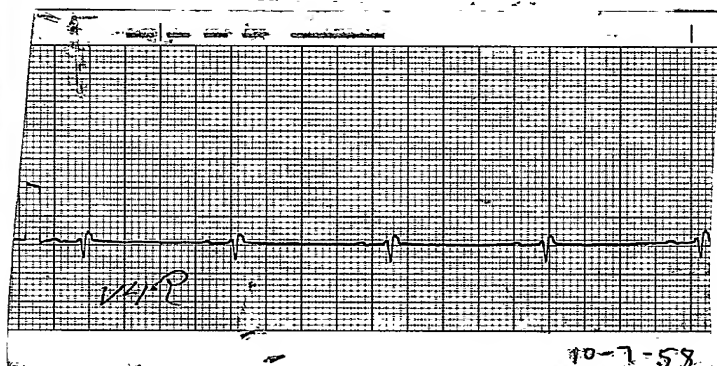
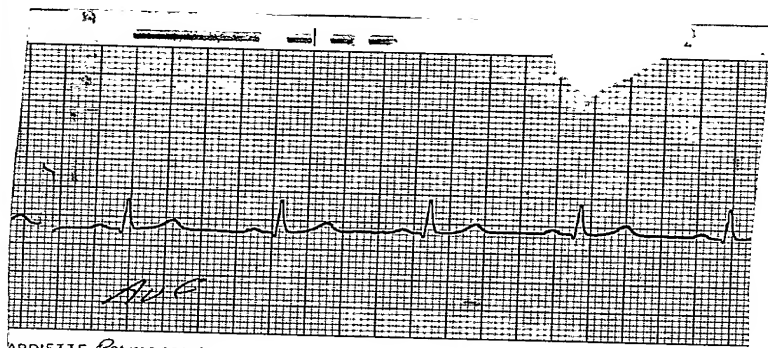
Standard Form 520

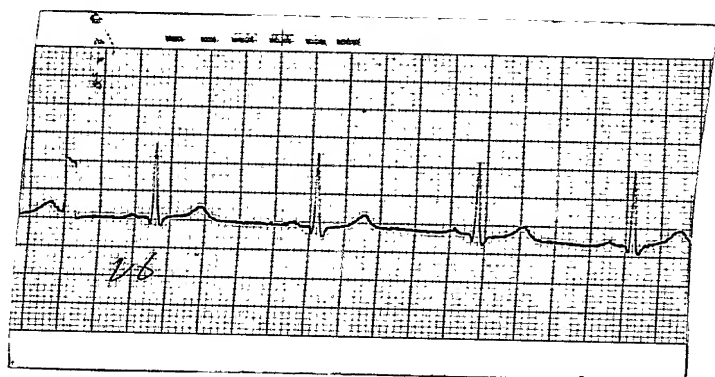
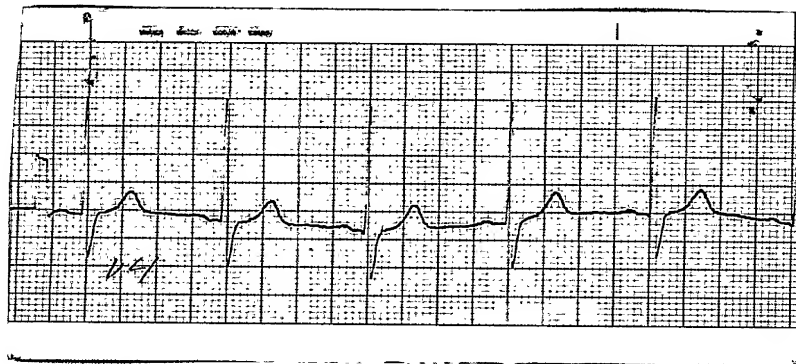
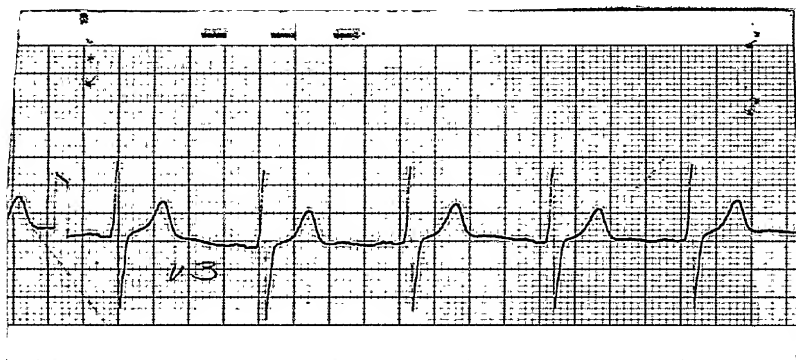
(Attach tracings to S. F. 507)











CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
46	M		69	170		DR. [redacted]			3/14/58@1110
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						Plus 60°		AURIC. VENT. 75	
INTERVALS						P WAVES			
PR .16 QRS .07 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Spec									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

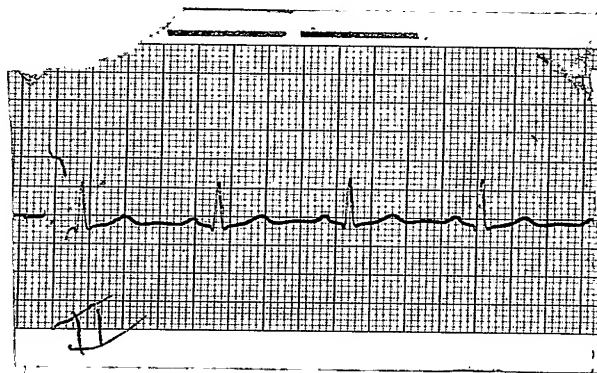
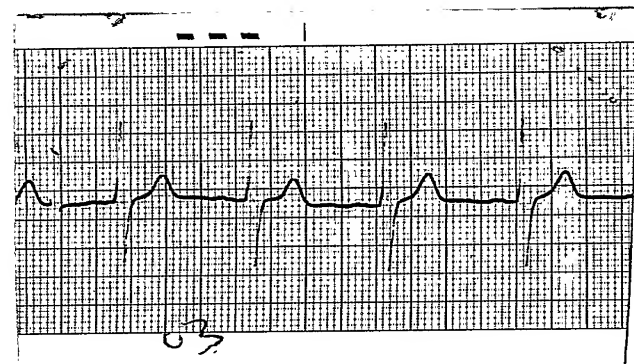
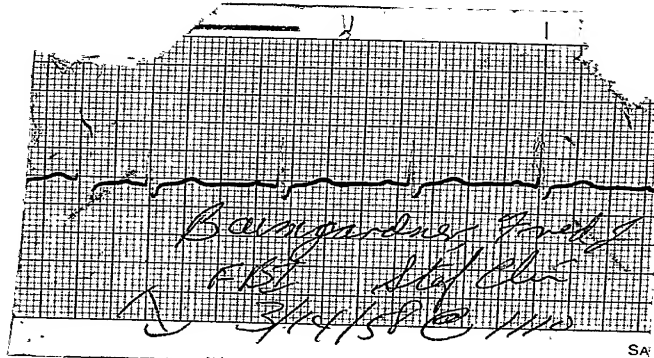
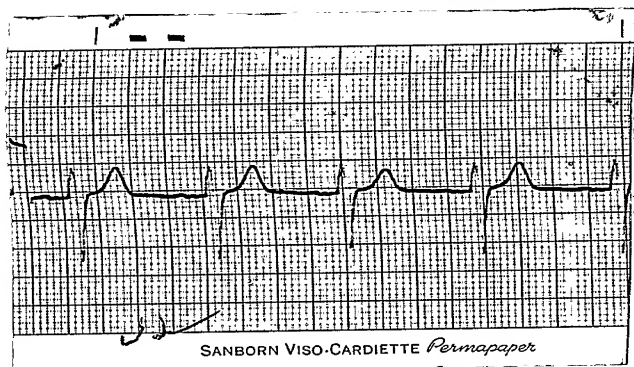
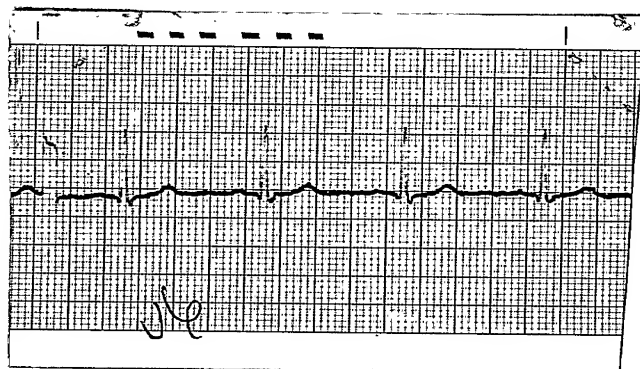
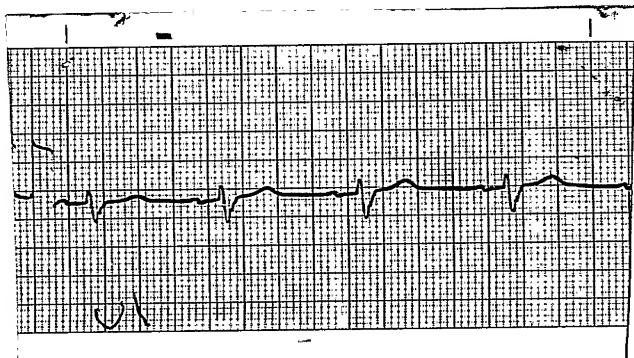
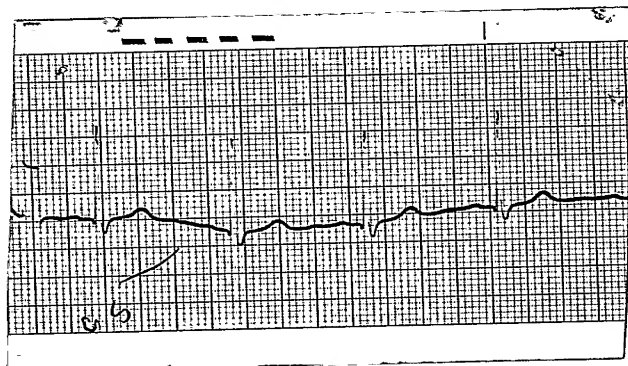
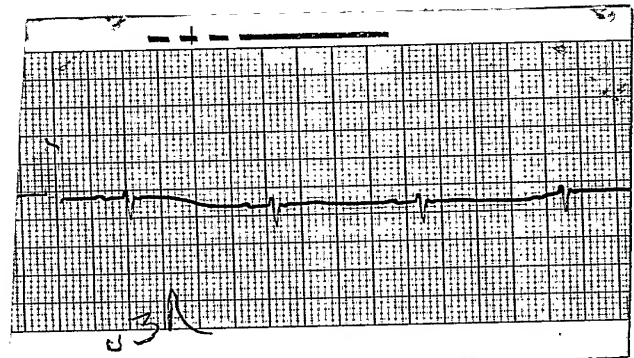
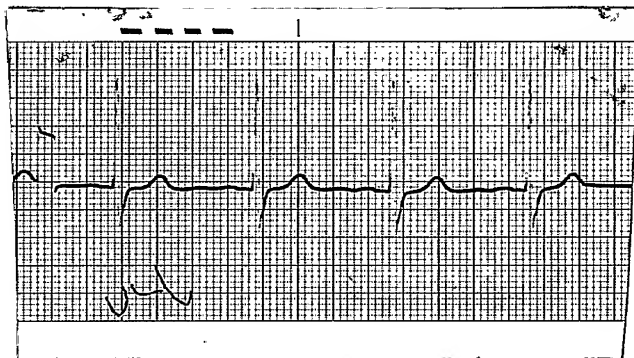
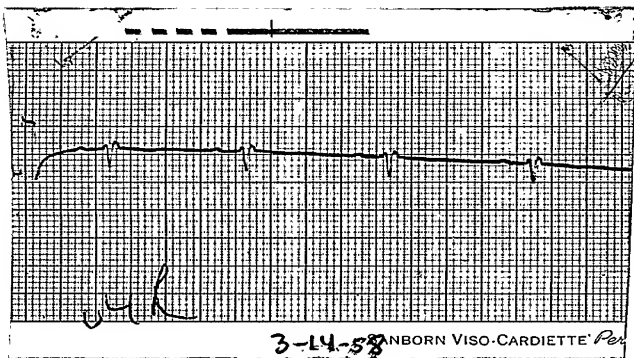
1. Within normal limits.
2. No significant change since 3/28/56.

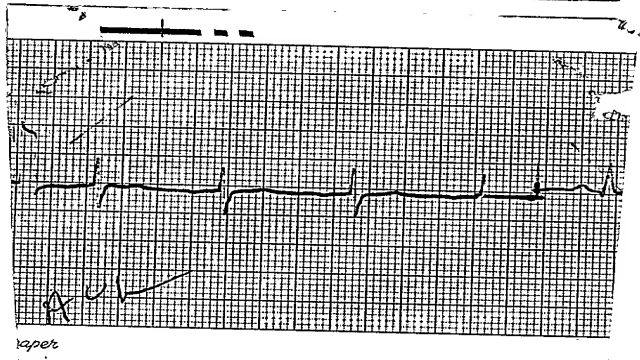
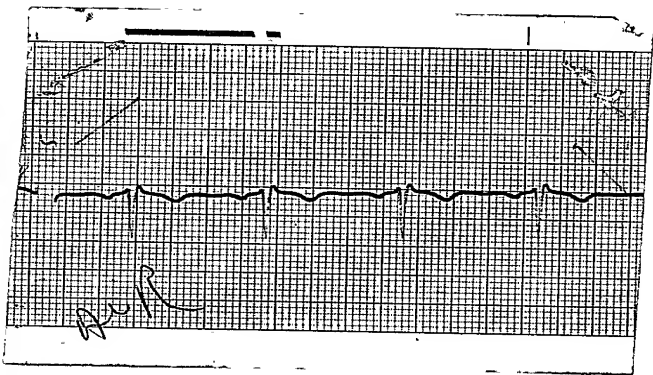
b6
b7C

(Continue on reverse)

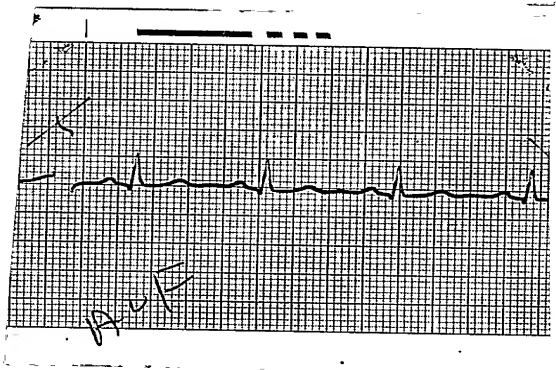
NO.	SIGNATURE	TITLE	DATE
ECG 16012	[redacted]	LT MC USN	3/15/58
PATIENT'S IDENTIFICATION (For type give: Name—last first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BAUMGARDNER, FRED J FBI NNMC USNH BETHESDA, MD.			Staff Clinic

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)





paper



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE	
								<input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 45	SEX M	RACE	HEIGHT 69	WEIGHT 175	B. P.	SIGNATURE OF WARD PHYSICIAN DR. [REDACTED]		DATE 3 26 57@1000	
RHYTHM Normal sinus						AXIS DEVIATION (QRS) N 75 degrees		RATES AURIC. VENT. 78	
INTERVALS PR .14 QRS .07 QT .30						P WAVES			
QRS COMPLEXES RSR ⁺ in V3R									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

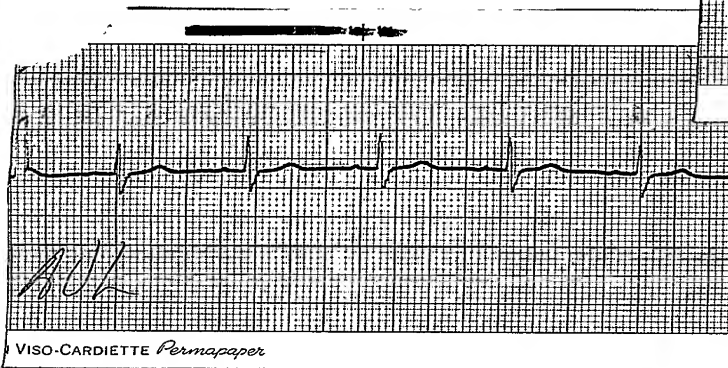
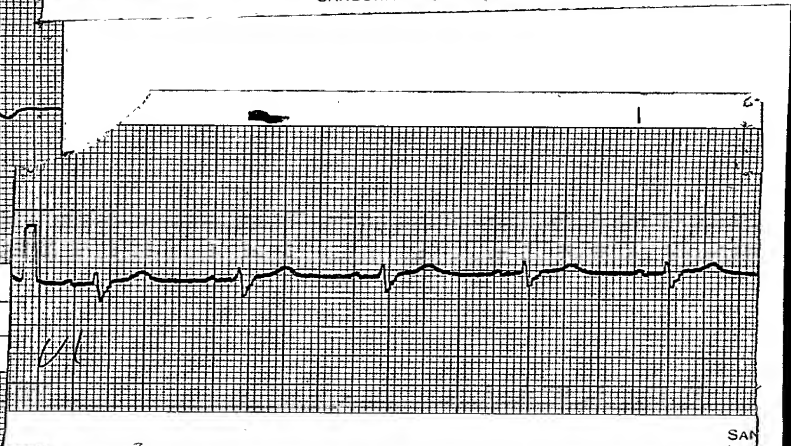
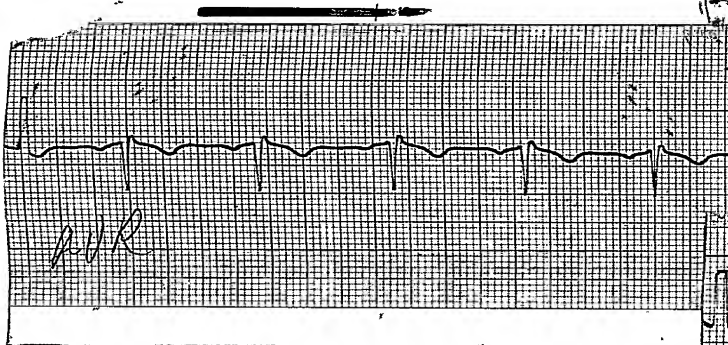
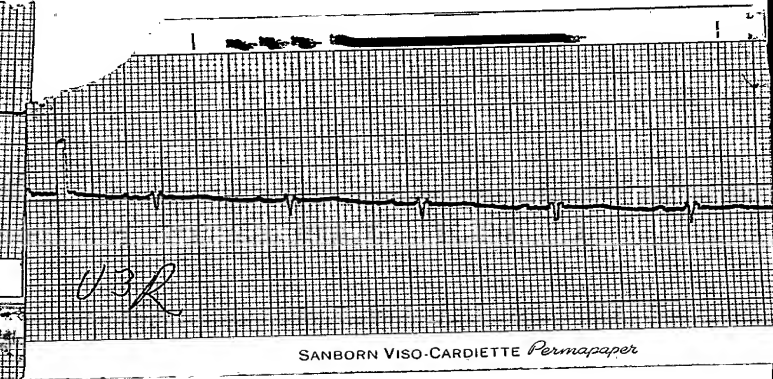
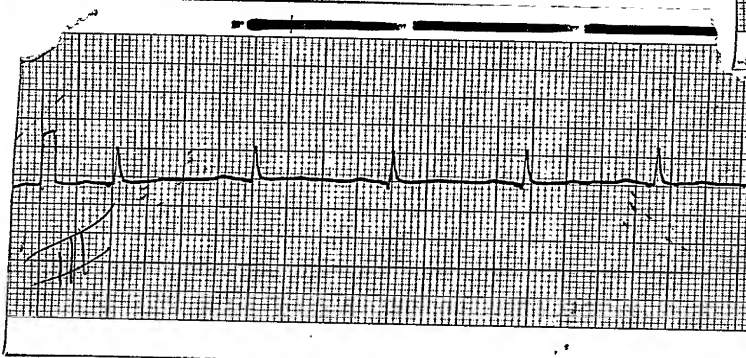
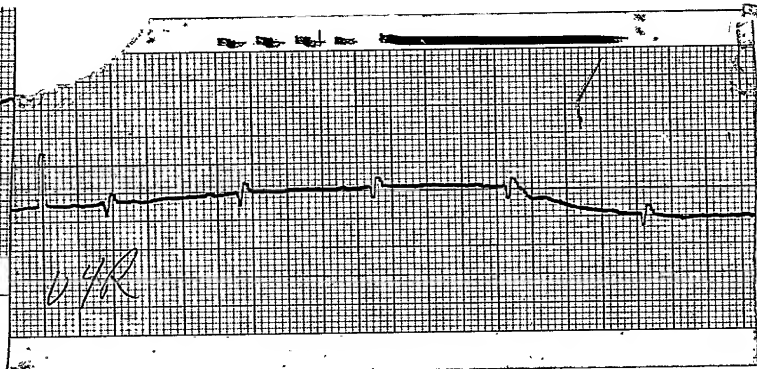
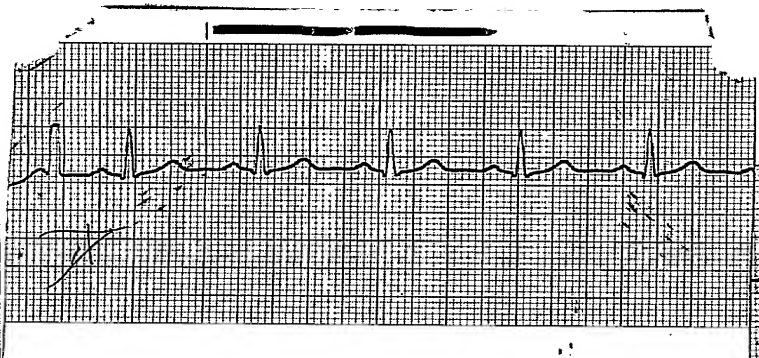
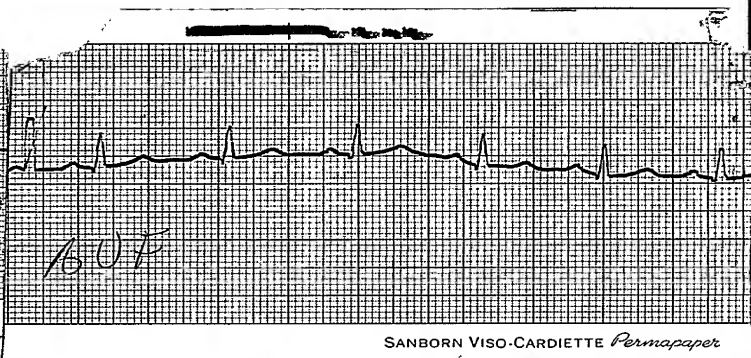
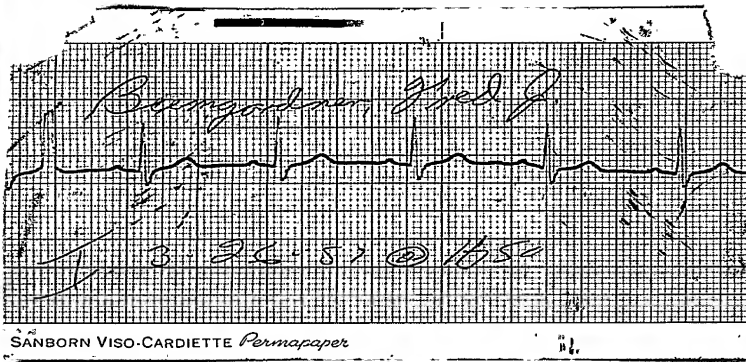
b6
b7C

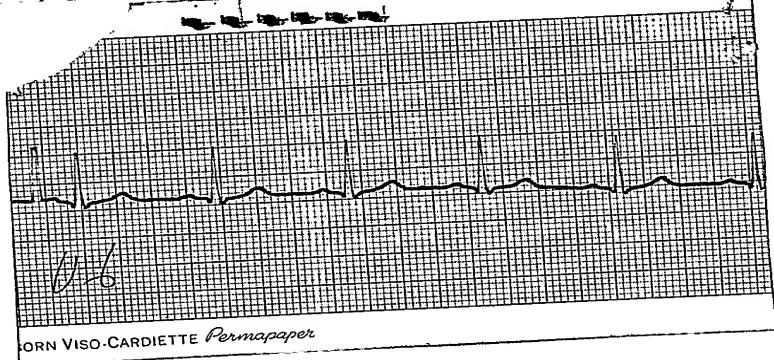
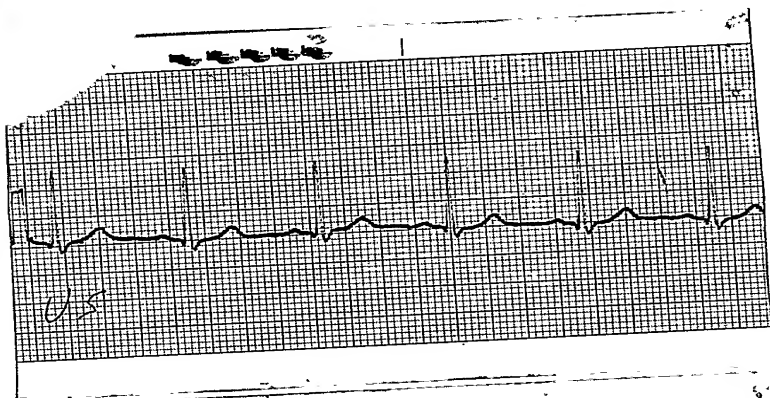
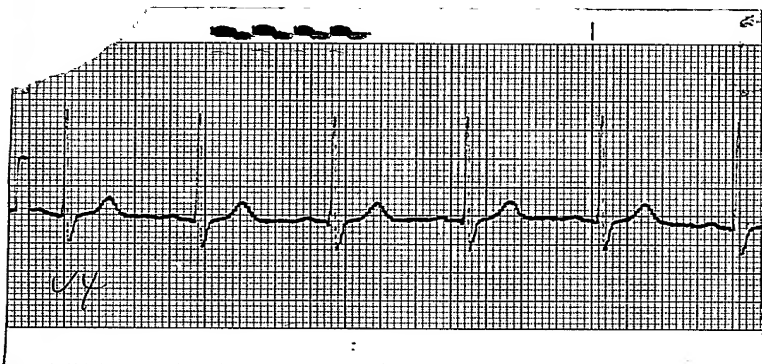
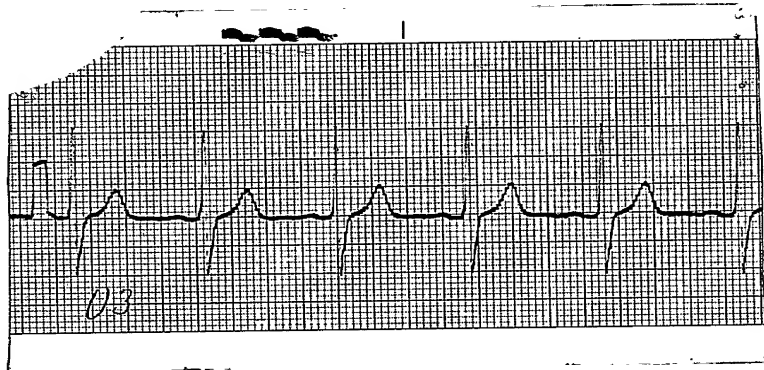
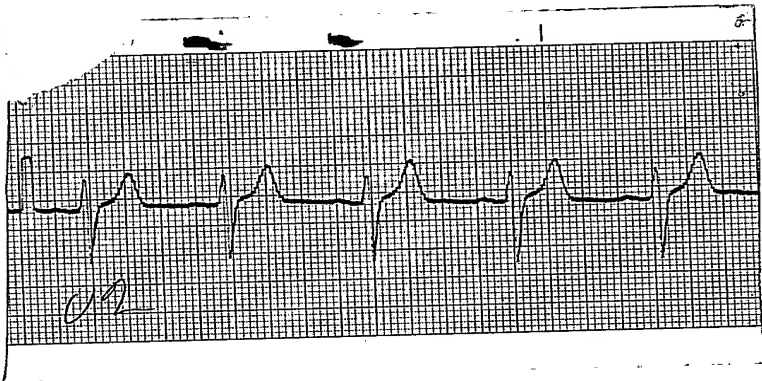
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NO. ECG 26445	SIGNATURE [REDACTED] /bas	TITLE LT MC USNR	DATE 3 28 57
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. ST CLINIC

BUMGARDNER, FRED J. FBI
NNMC USNH BETHESDA, MD.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
45	M	CA	69	165		DR. [redacted]		3-28-56 @ 1030	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS						INTERMEDIATE		AURIC. VENT. 75	
INTERVALS						P WAVES			
PR .17 QRS .08 QT .36									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

b6
b7C

(Continue on reverse)

NO.	TITLE		DATE
ECG 16012	LT. MC USNR		3-29-56
PATIENT'S IDENTIFICATION	REGISTER NO.	WARD NO.	
BAUMGARDNER, Fred J,		STAFF CLINIC	

BAUMGARDNER, Fred J,

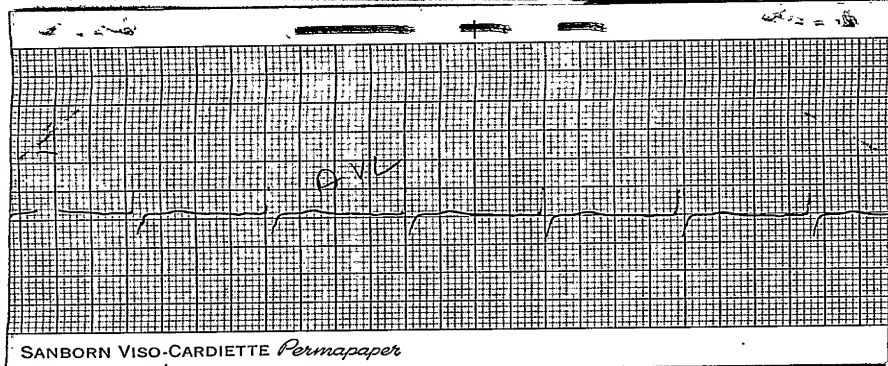
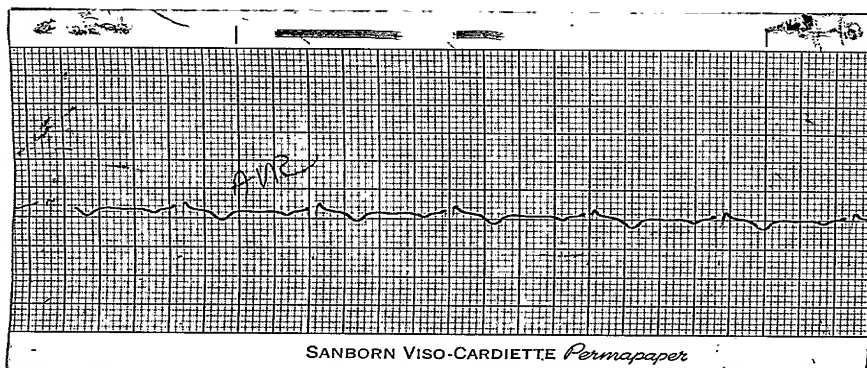
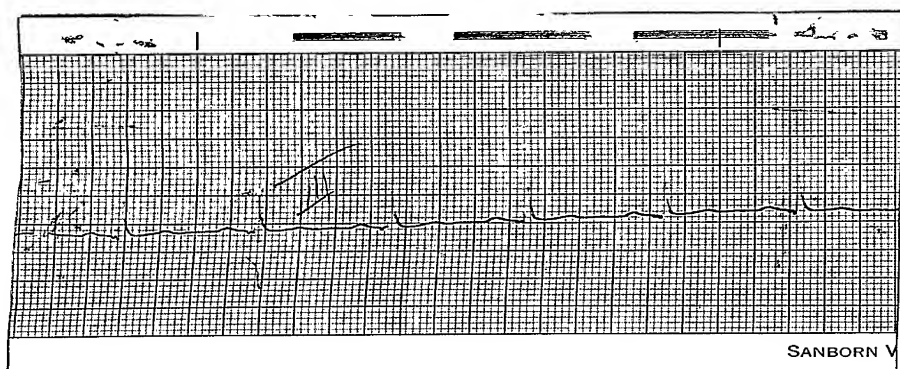
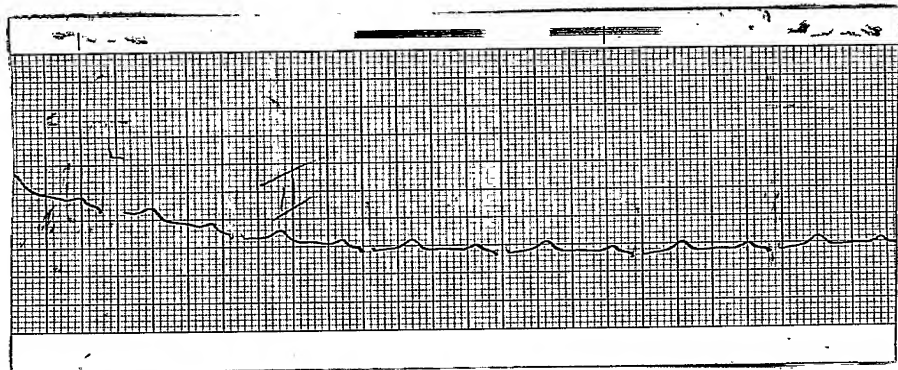
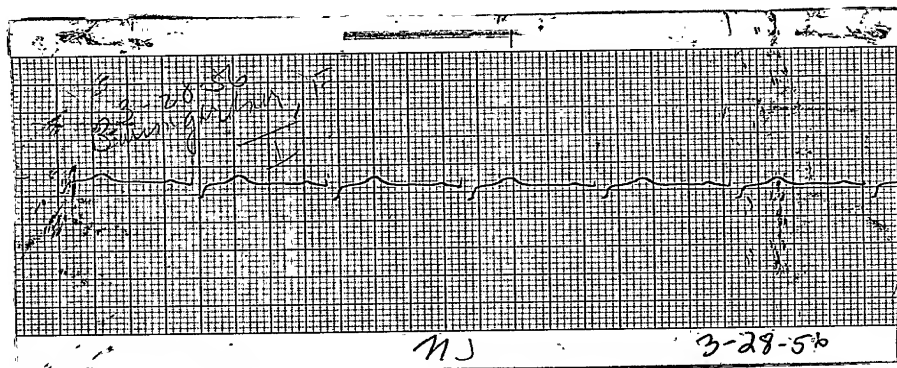
FBI

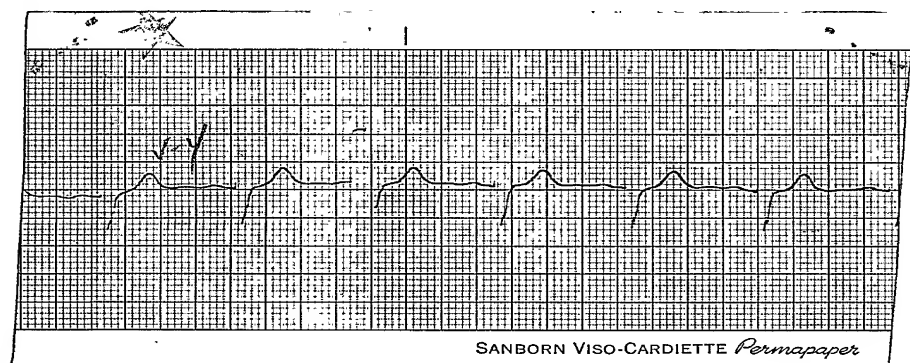
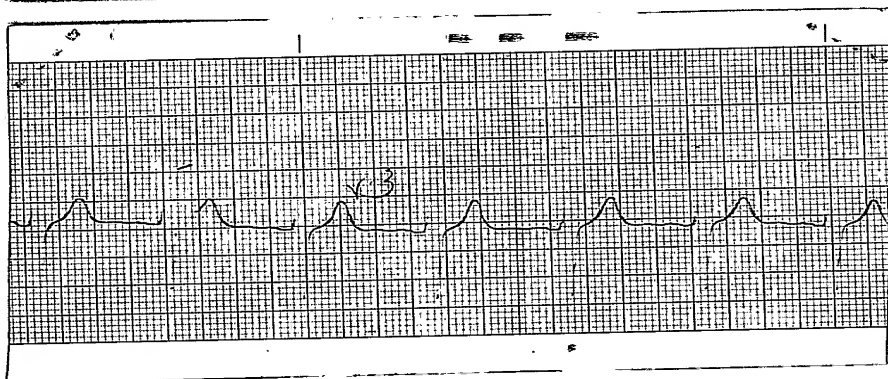
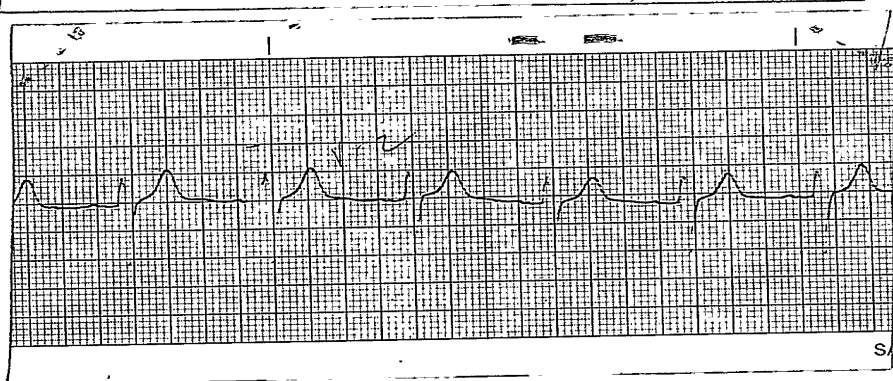
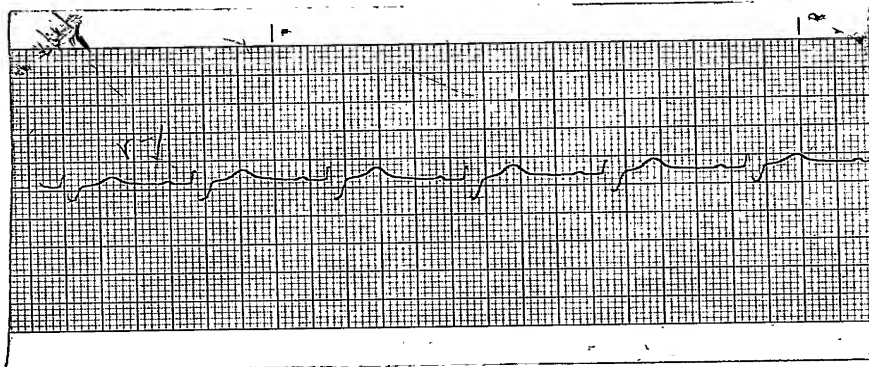
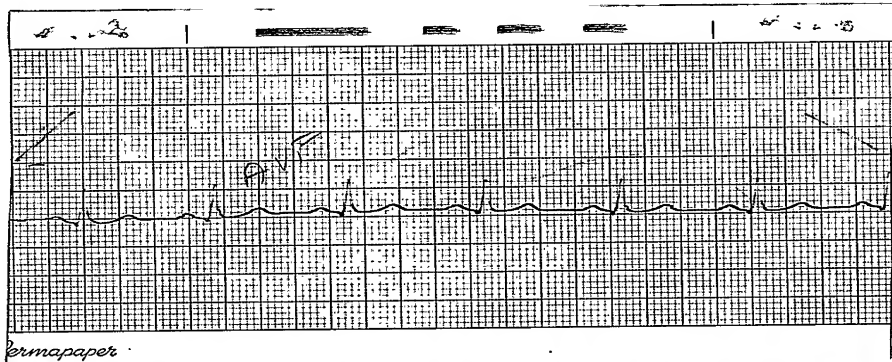
USNH, NMIC BETHESDA, MARYLAND

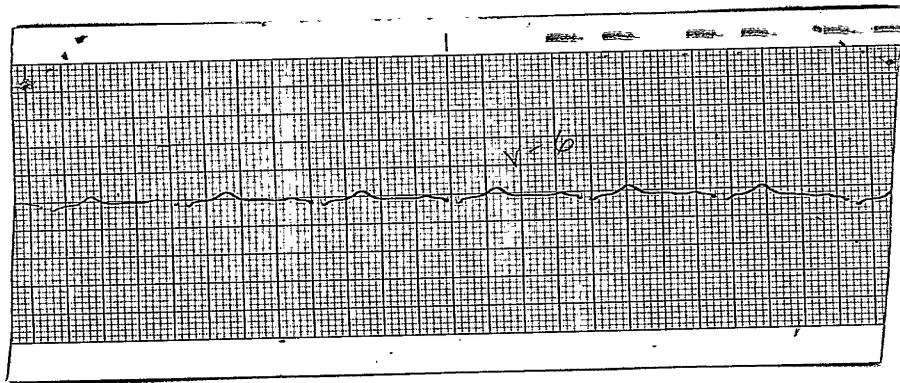
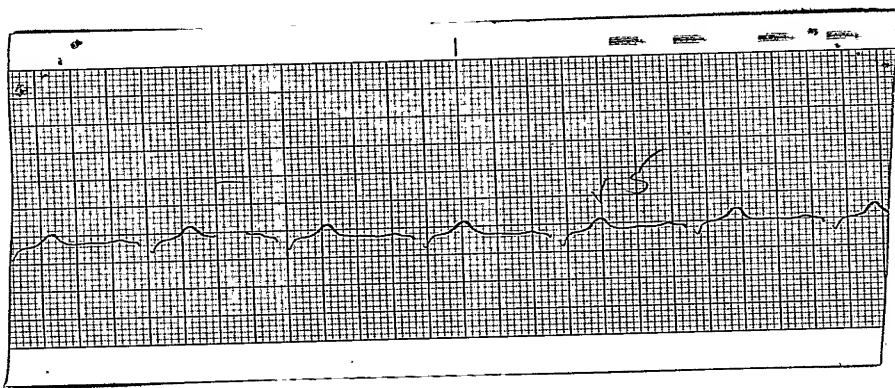
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)







CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG*	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
42	M		69	165		LTJG MC USNR			16 APR 54
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal Sinus						Normal		AURIC. VENT. 84	
INTERVALS						P WAVES			
PR .16 QRS .09 QT .36						Normal			
QRS COMPLEXES									
Normal									
RS-T SEGMENT						T WAVES			
Normal						Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within Normal Limits.

b6
b7C

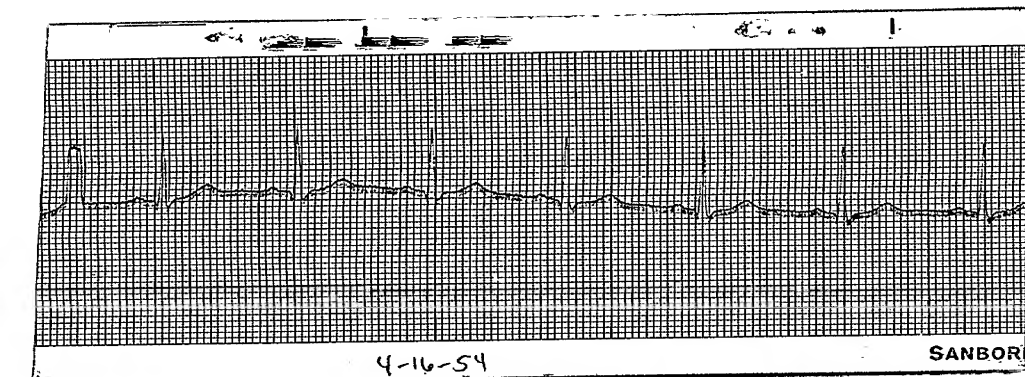
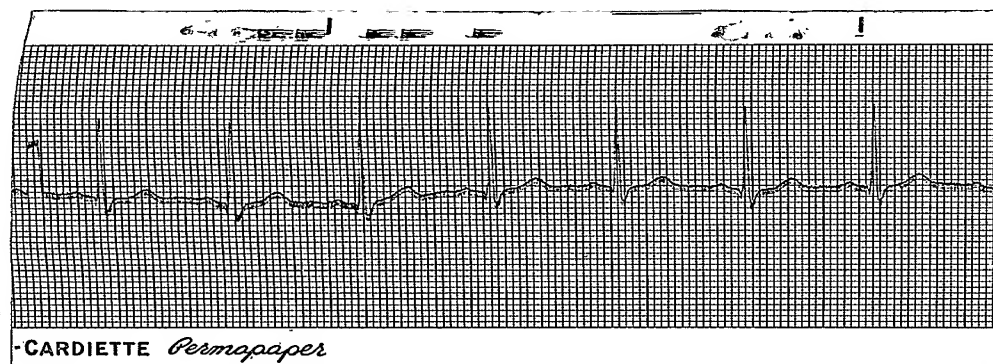
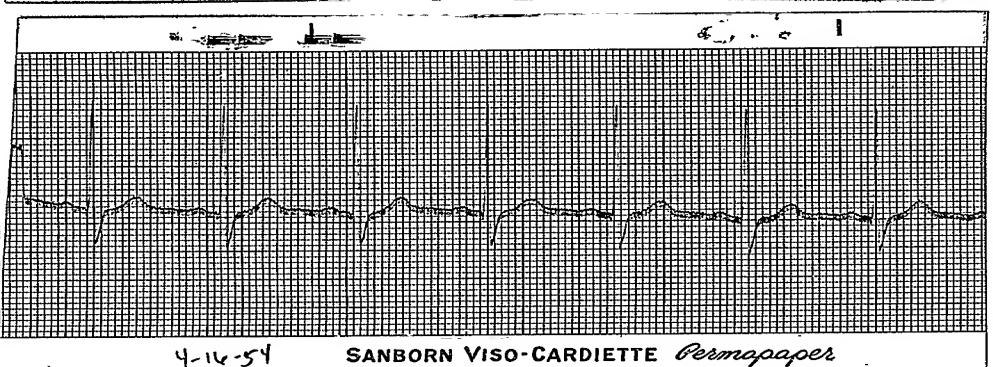
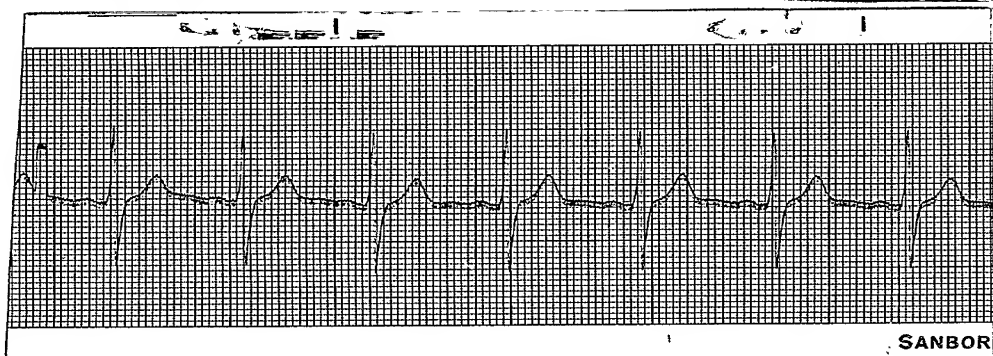
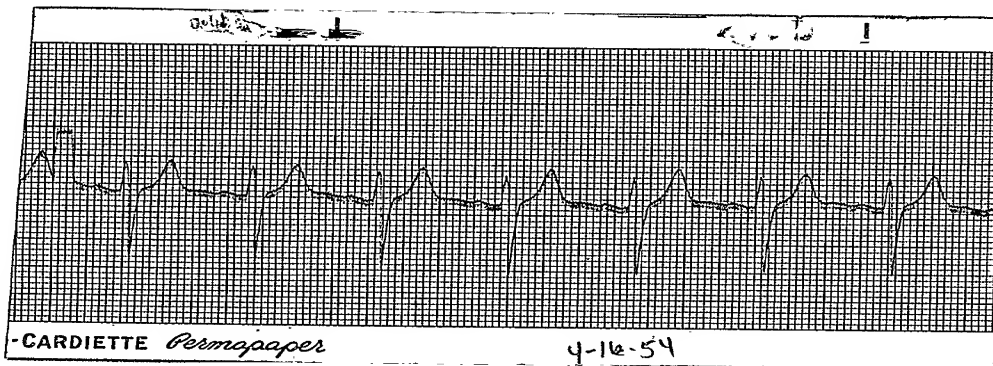
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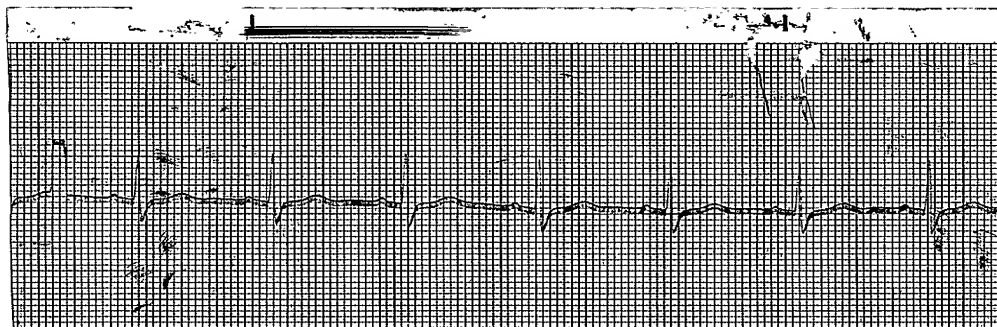
NO.	S	TITLE	DATE
ECG 16012		LT. MC. USN.	16 APR 54
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
BAUMGARDNER, FRED J. FBI			ST. CLINIC

USNH, NNMC, BETHESDA, MD.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

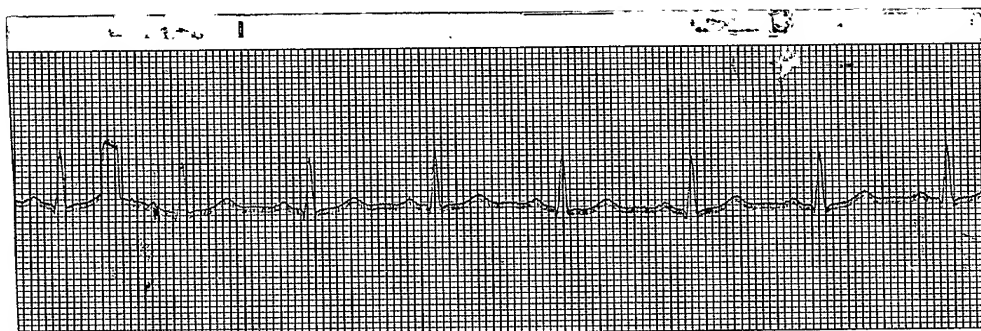
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ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

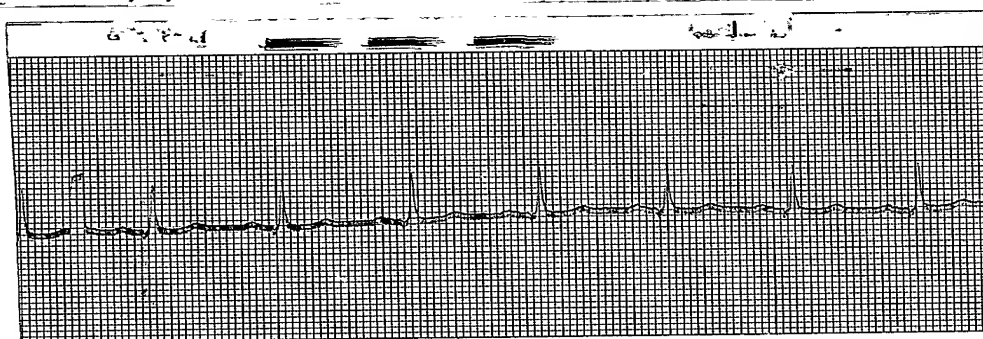




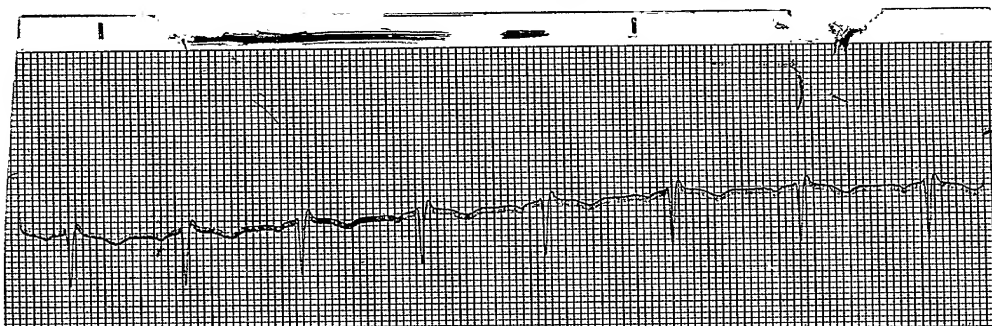
SANBORN VISO-CARDIETTE *Permapaper* 4-16-54



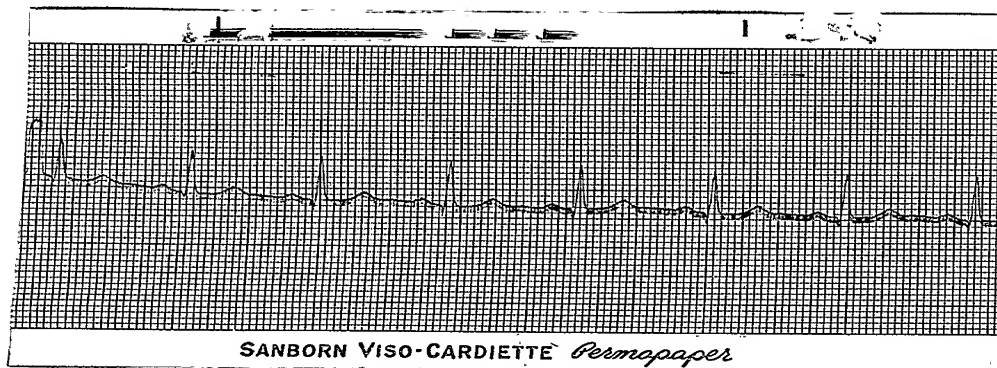
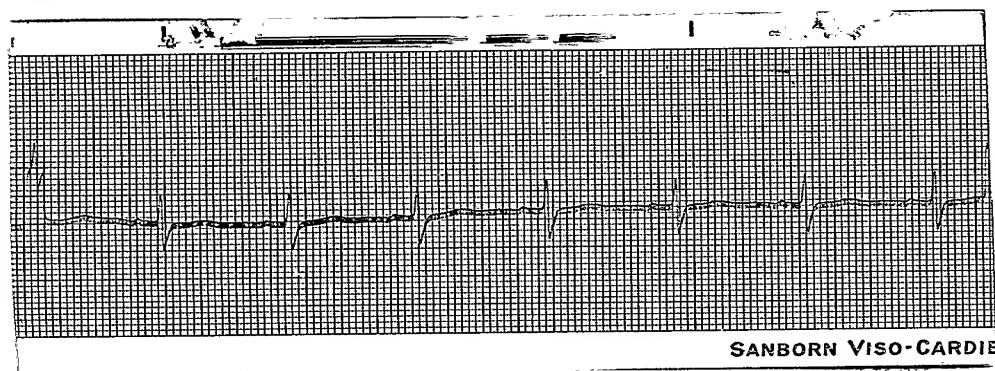
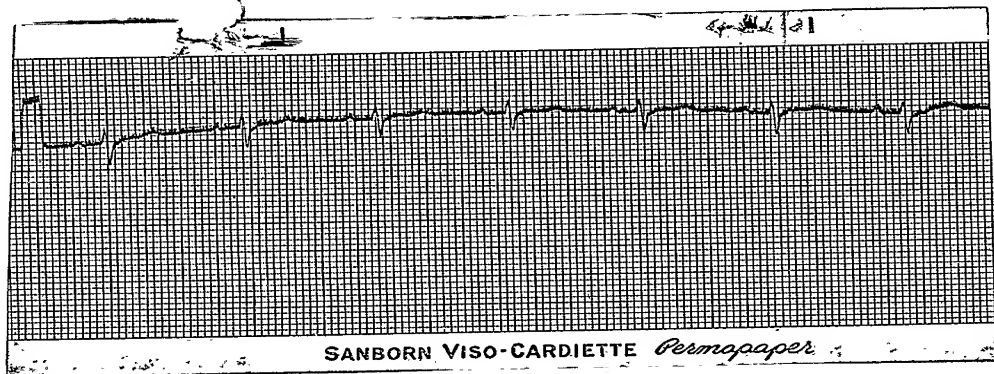
Permapaper



SANBORN VISO-CA



paper



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS RHYTHM						NORMAL		AURIC. VENT. 90	
INTERVALS						P WAVES			
PR .14 QRS .08 QT .36						NORMAL			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

CONCLUSION: NORMAL ECG.

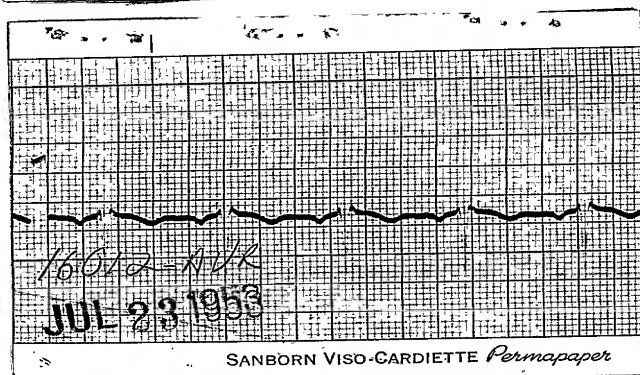
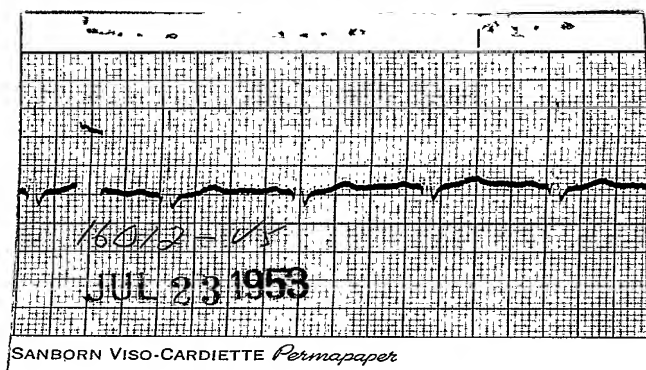
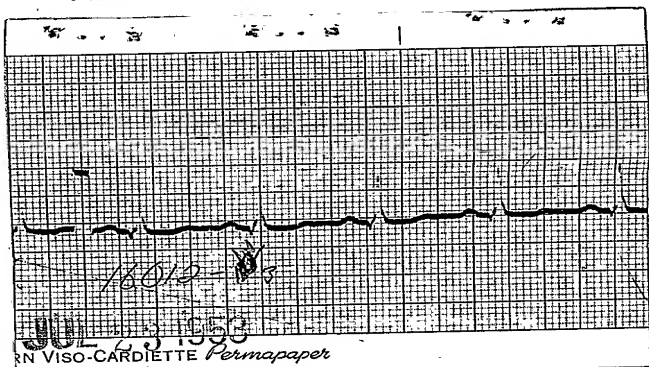
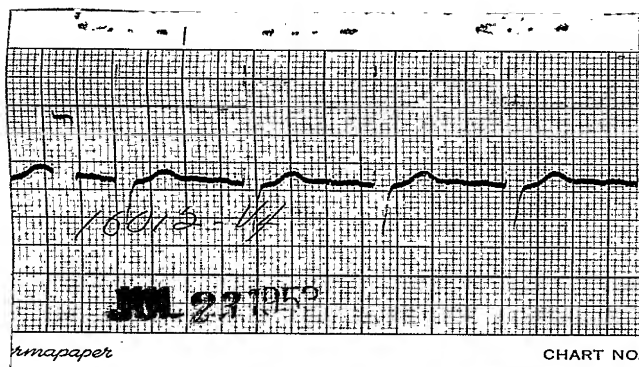
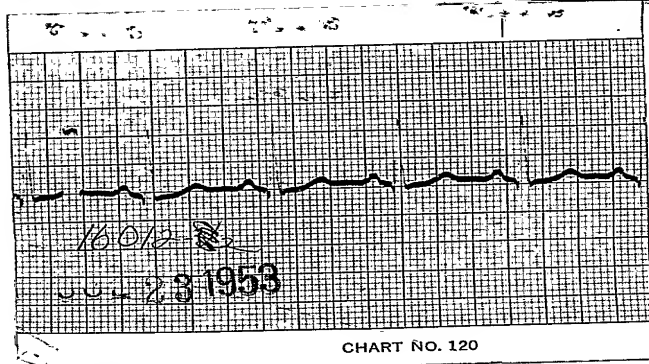
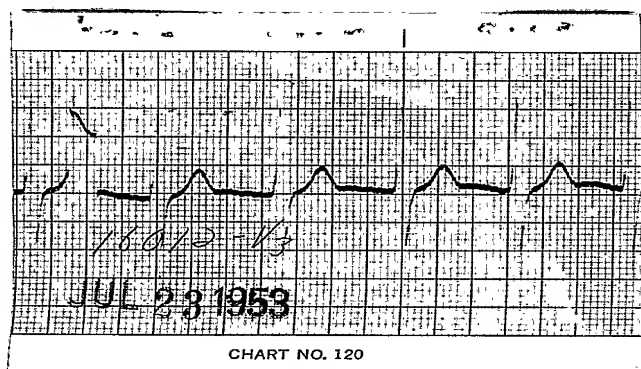
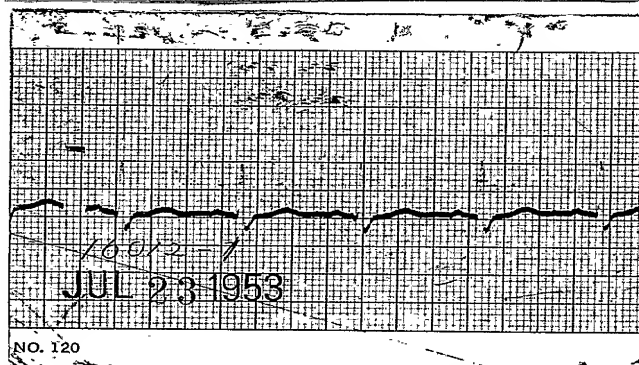
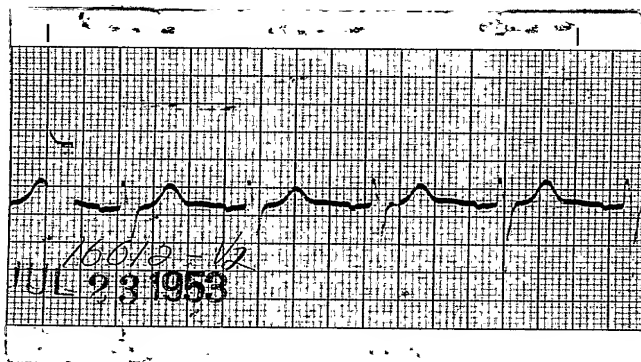
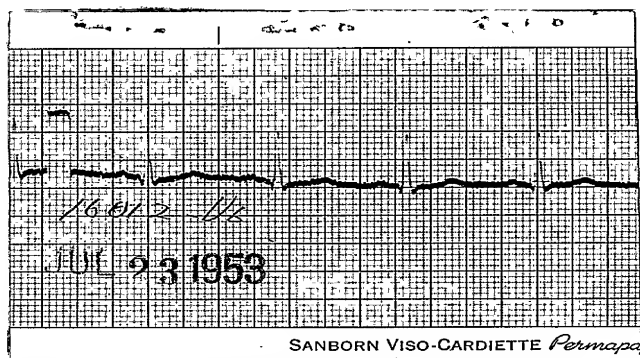
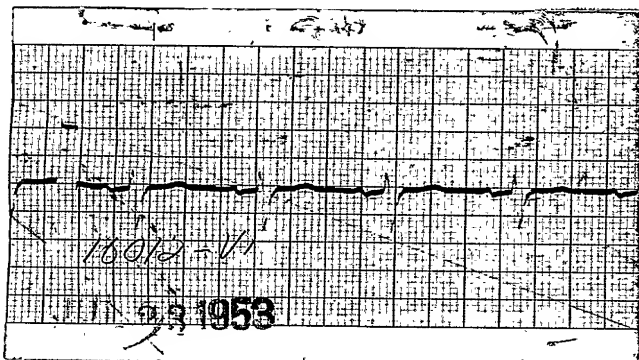
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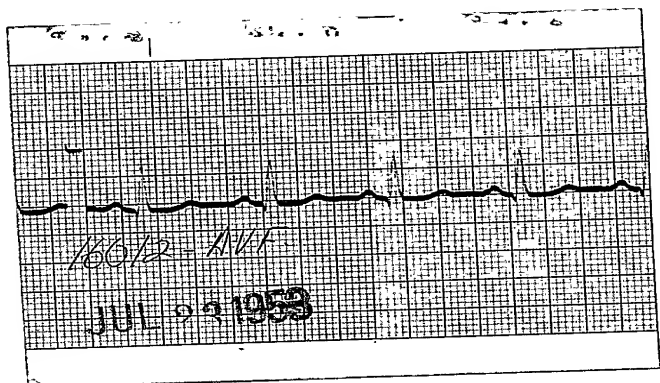
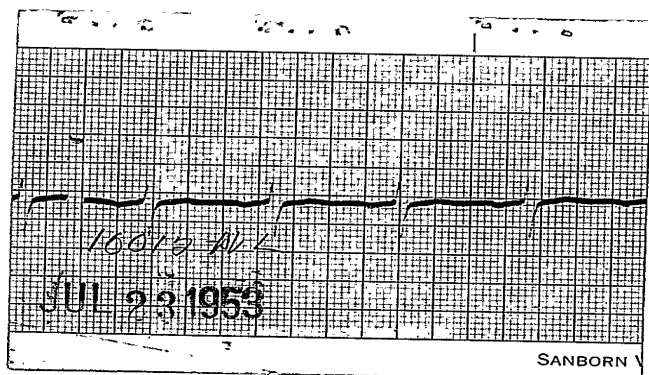
(Continue on reverse)

NO. ECG 16012	SIGNATURE DRS. [Signature]	TITLE	DATE 7-23-53
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BAUMGARDNER, FREDRICK J.		REGISTER NO. FBI	WARD NO. ST. CLINIC

USNH, NMMC, Bethesda, Md.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)





CLINICAL RECORD							ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG	
CLINICAL IMPRESSION							MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AGE <input type="text"/> SEX <input type="text"/> RACE <input type="text"/> HEIGHT <input type="text"/> WEIGHT <input type="text"/> B. P. <input type="text"/>							SIGNATURE OF WARD PHYSICIAN <input type="text"/>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE	
									<input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
RHYTHM							AXIS DEVIATION (QRS)		DATE	
NORMAL SINUS RHYTHM							NORMAL			
INTERVALS							P WAVES		RATES	
PR .16 QRS .08 QT .36							NORMAL		AURIC. VENT. 78	
QRS COMPLEXES										
RS-T SEGMENT							T WAVES			
PRECORDIAL LEADS (Specify)										

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

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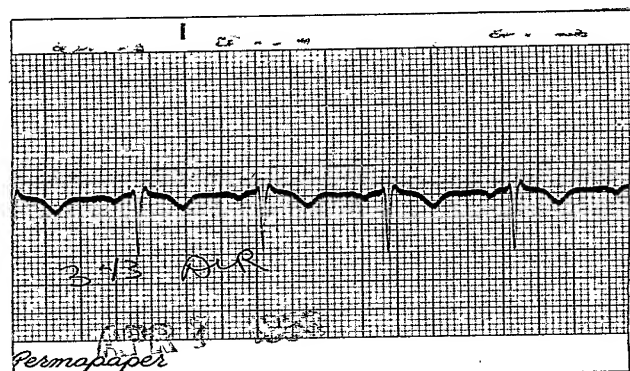
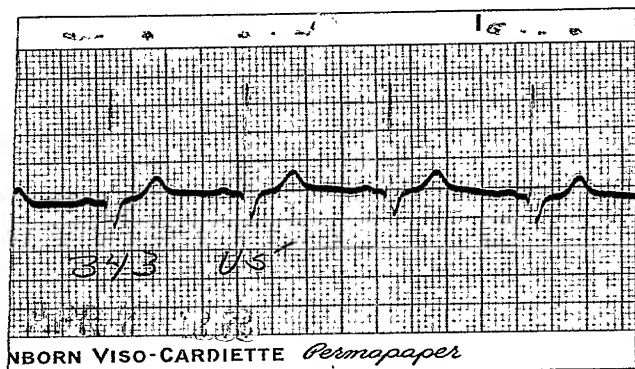
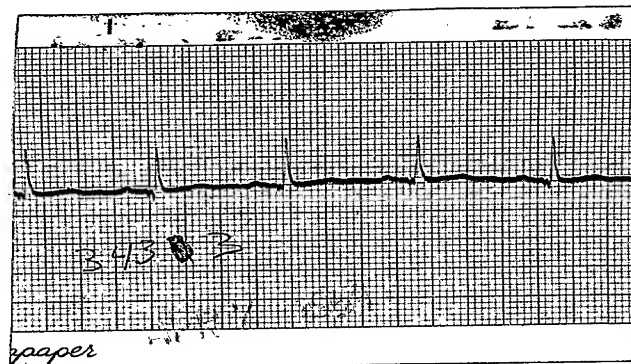
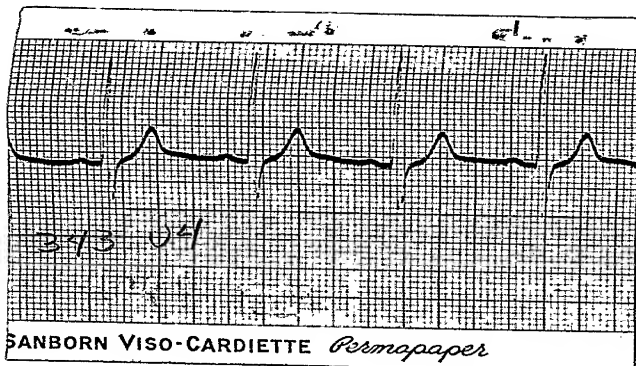
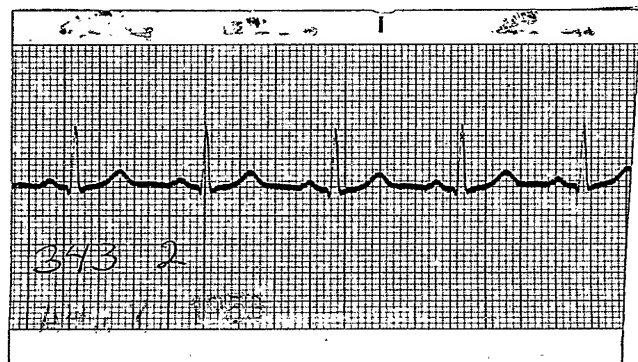
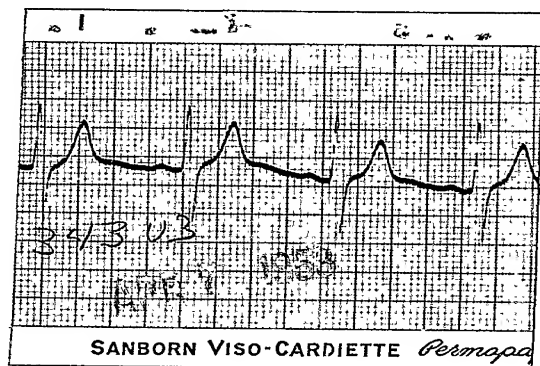
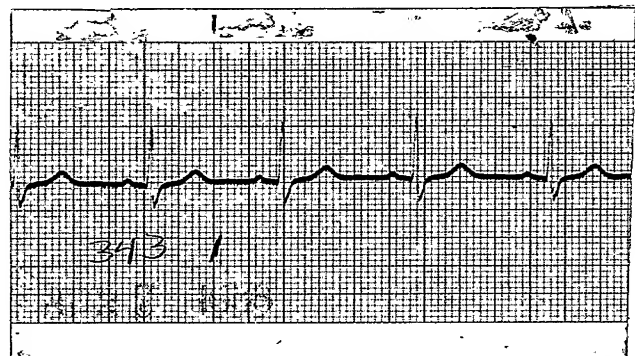
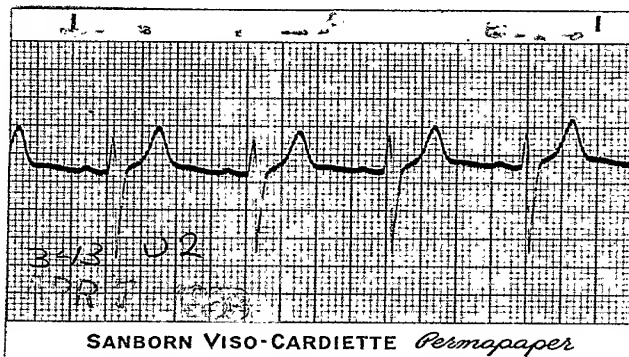
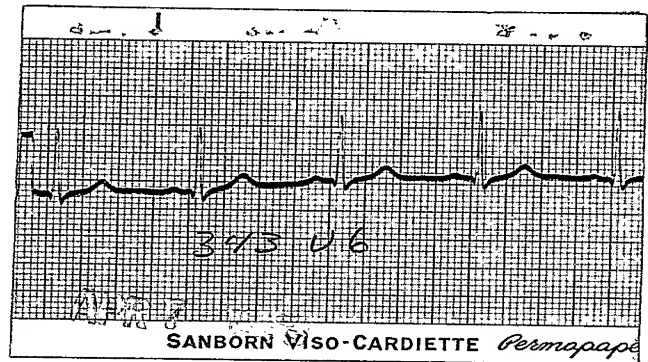
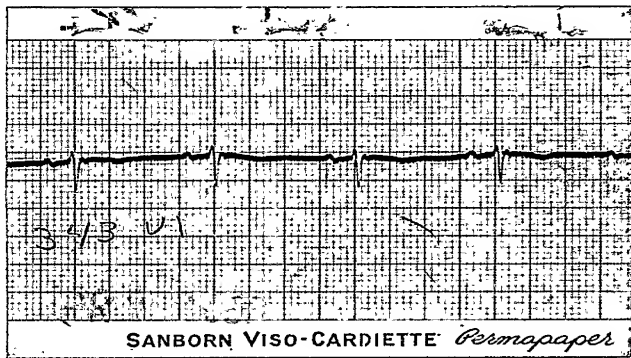
CONCLUSION: NORMAL ECG.

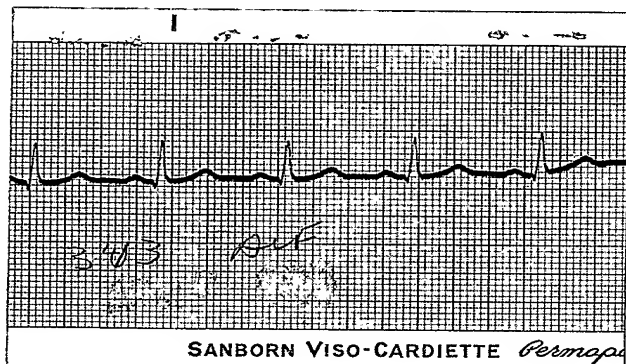
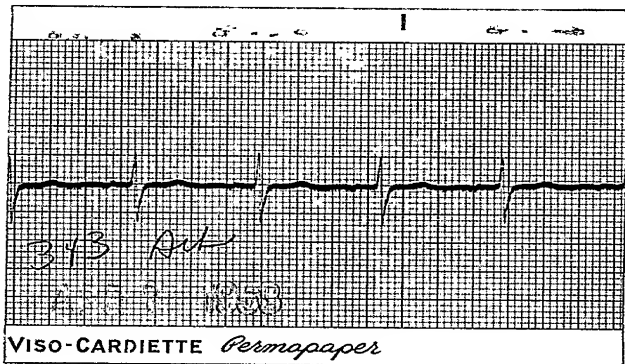
NO.	SIGNATURE	TITLE	DATE
ECG 343	DRS 		4-7-53

MOUNT TRACINGS HERE

(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
BRUMGARDNER, FRED J		FBI	Rm-11
NNMC BETHESDA, MD.		ELECTROCARDIOGRAPHIC REPORT	
MEDICAL FACILITY		Standard Form 520	





October 20, 1975

Mr. Fred J. Baumgardner
Executive Director
Louisville Labor Management Commission
970 South Fourth Street
Louisville, Kentucky 40203

Dear Fred:

I appreciate your stopping by to see me when you were in town to testify before the Senate Select Committee, and I was disappointed that I missed the chance to visit with you that day. These appearances are doubtless inconvenient for ex-agents and the one immediate reward attached is the opportunity of seeing old friends here. When the hearings are completed, I know the Bureau will have benefited greatly from the forthright testimony and support you gave.

Sincerely,

15/ Clarence

13-11-416
OCT 22 1975
5 OCT 23 1975

CMK:rm (3)

NOTE: Mr. Baumgardner stopped by the Director's office on 10-7-75.

- Assoc. Dir. _____
- Dep. AD Adm. _____
- Dep. AD Inv. _____
- Asst. Dir.: _____
- Admin. _____
- Comp. Syst. _____
- Ext. Affairs _____
- Files & Com. _____
- Gen. Inv. _____
- Ident. _____
- Inspection _____
- Intell. _____
- Laboratory _____
- Plan. & Eval. _____
- Spec. Inv. _____
- Training _____
- Legal Coun. _____
- Telephone Rm. _____
- Director Sec'y _____

SENT FROM D. O.
TIME 9:30 AM
DATE 10-20-75
BY [signature]

59
MAIL ROOM ☐ TELETYPE UNIT ☐

Mr. J. B. Adams

Legal Counsel

SENSTUDY 75

1 - Mr. Mintz
1 - Mr. Wannall
1 - Mr. Gregar
9/4/75
1 - Mr. Hotis
1 - Mr. []

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By way of background memorandum from Legal Counsel to Mr. Adams dated 4/24/75 captioned SENSTUDY 75, we previously received approval for Staff interview of former Section Chief Fred Baumgardner; however, this interview was never conducted.

On September 4, 1975, [], Staff Member of the Senate Select Committee, requested that former Section Chief Baumgardner be made available for Staff interview concerning the Bureau's investigation of Martin Luther King, Communist Influence in Racial Movement (CIRM), and his knowledge of the Security Index and related indices.

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RECOMMENDATION:

That any existing employment agreement be waived for purposes of interview by the Senate Select Committee.

1 - Personnel File - Fred Baumgardner

lad
(8)

4 SEP 1975

NOTIFICATION OF PERSONNEL ACTION
(EMPLOYEE — See General Information on Reverse)

5 PART
50-124-04

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE BAUGARDNER, FRED J.		MR.—MISS—MRS. (MR.)	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 8-12-11	4. SOCIAL SECURITY NO. 224-60-1666
5. VETERAN PREFERENCE 1 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1 1—COVERED 2—INELIGIBLE 3—WAIVED			10. RETIREMENT 1 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION RETIREMENT (20 YEARS INVESTIGATIVE EXPERIENCE)			13. EFFECTIVE DATE (Mo., Day, Year) ch 12-8-66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15. FROM: POSITION TITLE AND NUMBER Supervisory Special Agent (Chief of the Internal Security Section) 160 GS			16. PAY PLAN AND OCCUPATION CODE 16	17. (a) GRADE OR LEVEL 6	18. SALARY \$23,425 pa
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER		21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL (b) STEP OR RATE	23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE				

25. DUTY STATION (City—county—State)		26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2 2—EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:

At his request, he voluntarily retired with date of final separation for retirement of 12-3-66, in view of Section 6(c) of the Civil Service Retirement Act.

Annuity payments to commence 12-4-66. LWOP from 12-3-66 through 12-3-66. Employee retired to return to Kentucky to be of assistance to his mother, stating he had been offered a job with the Louisville Labor Management Relations Board.

Forwarding address: 3915 Taylor Boulevard, Louisville, Kentucky 40215.

Lump sum payment to cover 592 hrs' commencing bob 12/9/66 ending eb 3/22/67. Three holidays included.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) 11 0		34. SIGNATURE (Or other authentication) AND TITLE E. Hoover Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 12-9-66	
33. CODE DJ 02	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535		
4. PERSONNEL FOLDER COPY			

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Act

1. FULL NAME OF EMPLOYEE (Last) (First) (Middle) BAUMGARDNER, FRED J.		2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-12-11
3. CHECK THE REASON FOR TERMINATING INSURANCE (a) <input type="checkbox"/> SEPARATED (c) <input type="checkbox"/> DIED (b) <input checked="" type="checkbox"/> RETIRED (d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (e) <input type="checkbox"/> OTHER (Specify)		
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY (a) <input type="checkbox"/> CURRENT S. F. 54 ATTACHED (b) <input checked="" type="checkbox"/> A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)		
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.		
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 12-8-66	6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. \$23,425 PER ANNUM	7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)		
(Personal signature of authorized agency official) N. P. Callahan (Type name of authorized agency official) Federal Bureau of Investigation (Name of agency)		(Date) 12-9-66 Assistant Director (Title) Washington, D. C. (Mailing address of agency)

NOT RECORDED
9 DEC 14 1966

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

Sent SF 3810 and copy SF 56 to employee at:
3915 Taylor Blvd, Louisville, Ky 40215.
Sent original SF 56, original SF 2839, & copies
SF 3810 to teacher sent on 12-12-66

3/800

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete S.F. 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation Act.
 - d. Any other reason, if the employee desires to convert his group life insurance, except under the following circumstances:
 - (1) Employee waived on S.F. 53;
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees' Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate whether the employee had filed an Application for Retirement (S.F. 2801) with the Civil Service Commission.
3. In item 7, give date of Notice of Conversion Privilege (S.F. 55), except that if this form (S.F. 56) is issued in lieu of S.F. 55, give current date. In case of death, leave this item blank.

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate copy of Certification immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send the original Certification, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current designation of beneficiary on file, the designation (S.F. 54) must be attached to the original Certification when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity (with 12 or more years' creditable service, of which at least 5 years are civilian service or for disability), attach the original Certification and current designation of beneficiary, (S.F. 54), if any, to the application for retirement and give duplicate copy of Certification to the employee. [NOTE: In a disability retirement case where the application has already been sent to the Civil Service Commission, attach the original S.F. 56 (and S.F. 54, if any,) to the "FINAL" Individual Retirement Record (S.F. 2806).]
 - b. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the Certification. Retain S.F. 54, if any.
3. Employee in receipt of compensation benefits—
 - a. If the employee is receiving benefits under the FEDERAL EMPLOYEES' COMPENSATION ACT on account of a job incurred disease or injury to himself, have him complete appropriate box on reverse side of the original Certification. Send original Certification and current designation of beneficiary (S.F. 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C. 20415, and give duplicate copy of Certification to the employee.
 - b. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the Certification. Retain S.F. 54, if any.
4. All other cases—

Upon request, give the employee the original and duplicate copy of the Certification or mail them to him.
5. In all cases—

Retain file copy of the Certification in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This Certification must be completed and delivered or mailed to him promptly.

NEIL DALTON
CHAIRMAN

FRED J. BAUMGARDNER
EXECUTIVE DIRECTOR

CLARENCE R. GRAHAM
TREASURER

LOUISVILLE LABOR-MANAGEMENT COMMITTEE

MEMORIAL AUDITORIUM - ROOM 1
970 SOUTH FOURTH STREET
LOUISVILLE, KENTUCKY 40203

TELEPHONE: 584-5183

October 27, 1975

Honorable Clarence M. Kelley
Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

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Dear Clarence:

Your letter of October 20, 1975 concerning my appearance before the Senate Select Committee, was greatly appreciated and most encouraging.

I would have enjoyed seeing you, but I realize how busy you are these days. I simply wanted to tell you how fortunate we are to have a man of your character and experience as Director of the F.B.I. during these trying times.

With respect to the hearings, you and I know how high the standards have always been in the Bureau, and I feel that when the hearings are over, Americans will find their faith in the F.B.I. was completely justified.

Sincerely,
5 NOV 25 1975

Fred J. Baumgardner

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

FJB/jfl

5 DEC 1 1975

5 NOV 8 1975

REC. UNIT

Mr. J. B. Adams

Legal Counsel

SENSTUDY 75

1 - Mr. Mintz
1 - Mr. Wannall
1 - Mr. Cregar
10/22/75
1 - Mr. Hotis
1 - Mr. []

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b7C

b6
b7C

On 10/22/75, [] Senate Select Committee Staff Member, requested that former SAs [] and Fred H. Baumgardner be made available for deposition concerning their knowledge of COMTELPRO.

RECOMMENDATION:

That former SAs [] and Baumgardner be released from their existing employment agreements and the provisions of the Code of Federal Regulations for purposes of deposition.

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1 - Personnel File - []
1 - Personnel File - Fred H. Baumgardner
3

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(10)

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100-101134-10

cam
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Dep. AD	
Dep. AD Inv.	
Asst. Dir.:	
Adm. Serv.	
Ext. Affairs	
Fin. & Pers.	
Gen. Inv.	
Ident.	
Intell.	
Legal Coun.	
Plan. & Insp.	
Rec. Mgmt.	
S. & T. Serv.	
Spec. Inv.	
Training	
Telephone Rm.	
Director's Sec'y	

Louisville, Kentucky

February 14, 1977

Hon. Clarence M. Kelley
Director Federal Bureau of Investigation
Washington, D. C.

b6
b7C

Dear Clarence:

I wanted to comment on the outstanding manner in which your SAC here, Mr. Stanley Czarnecki conducted himself in an interview yesterday on the "Newsmakers" program over our local television station - W. L. K. Y.

Mr. Czarnecki not only made a pleasing personal appearance but also spoke with knowledgeable authority on a series of questions concerning the policies and procedures of the FBI. As a result of his calm, clear, informative answers to questions, I feel certain many of the public have renewed faith and confidence in the FBI.

With respect to your personal situation, it would be disgraceful and not in the best interest of the Country for the President to have you removed as Director at this time. I admire your stand and pray you can work it out to your satisfaction.

With best wishes for your good health and happiness,

Sincerely,

Fred L. Baumgardner
10008 Third street Road
Louisville, Ky 40272

COPY:gms

SAC Stanley S. Czarnecki
Louisville
71030112

Feb. 24-77
[unclear]

PEERS. REC. UNIT
T Kelley
[unclear]

EXP. PROC.
FEB 22 1977
54

Fairsville, Kentucky
February, 14, 1977

Hon. Clarence M. Kelley
Director Federal Bureau of Investigation
Washington, D. C.

Dear Clarence:

I wanted to comment on the outstanding manner in which your S.A.C. here, Mr. Stanley Gzarnecki conducted himself in an interview yesterday on the "Newsmakers" program over our local television station - W.L.K.Y.

Mr. Gzarnecki not only made a pleasing personal appearance but also spoke with knowledgeable authority on a series of questions concerning the policies and procedures of the FBI. As a result of his calm, clear, informative answers to questions, I feel certain many of the public have renewed faith and confidence in the FBI.

With respect to your personal situation, it would be disgraceful and not in the best interest of the Country for the President to have you removed as Director at this time. I admire your stand and pray you can work it out to your satisfaction.

With best wishes for your good health and happiness,
Sincerely,

Fred J. Baumgardner
10009 Shirk Street Road
Fairsville, Ky - 40372

note 2-1-77
com/am

UNITED STATES GOVERNMENT

Memorandum

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Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Adm. Serv. _____
Ext. Affairs _____
Fin. & Pers. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Rec. Mgnt. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

TO : MR. [REDACTED]

DATE: 12/23/76

FROM : S. F. PHILLIPS

SUBJECT: MARTIN LUTHER KING, JR.

Memorandum from J. G. Deegan to R. J. Gallagher, 12/17/76, indicated F. J. Baumgardner, former Bureau Section Chief, as one of 13 present and former Bureau officials and Agents whom the Department's Office of Professional Responsibility Task Force (OPRTF) desired to interview concerning our King investigation.

At approximately 3:15 PM, 12/22/76, writer received a telephone call from Baumgardner in Louisville, Kentucky. Baumgardner advised that he had just been telephonically contacted by a Mr. [REDACTED] who told him he was with the Department of Justice and wanted to interview Baumgardner concerning the King case. [REDACTED] said that he had already interviewed the writer. (Separate memorandum has been submitted concerning the interview of writer by [REDACTED] and another representative of the OPRTF.) Baumgardner also indicated he had already been contacted by our Louisville Office alerting him to a possible interview. (Separately reported by a Louisville teletype.)

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Baumgardner indicated the principal purpose of his call was to verify with the writer the authenticity of [REDACTED]. Writer confirmed to Baumgardner that a [REDACTED] was with the Department's Task Force looking into the King case and described [REDACTED] to Baumgardner. It was also indicated to Baumgardner that [REDACTED] would undoubtedly have credentials to show on any interview. [REDACTED] told Baumgardner that he was going to Louisville on 12/23/76 to be there over the holidays and they agreed to get together on the phone to possibly arrange an interview provided Baumgardner's health would permit same.

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Baumgardner inquired as to the purpose of the Department's inquiry and he was furnished same in general terms as has been reported in the press. Baumgardner then reviewed with writer his functions as Section Chief when the King investigation was underway and his recollections of the case, especially the basis for the King investigation. Writer took care to not prompt Baumgardner or refresh his recollection or indicate

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100-106670

1 - Personnel File Fred J. Baumgardner (out of service)
1 - Messrs. Adams, Mintz, Gallagher, Deegan, [REDACTED]

SEP 2 1977

CONTINUED - OVER

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

Memo for Mr.
Re: Martin Luther King, Jr.

what ground was covered in the interview of the writer. It was merely indicated to Baumgardner that the Bureau is fully cooperating with the Department in this matter.

ACTION:

None for information.

APPROVED:

Director.....	Adm. Serv.....	Legal Coun.....
Assoc. Dir.....	Ext. Affairs.....	Plan. & Insp.....
Dep. AD Adm.....	Fin. & Pers.....	Rec. Mgt.....
Dep. AD Inv.....	Gen. Inv.....	S. & T. Serv.....
	Ident.....	Spec. Inv.....
	Intell.....	Training.....

UNITED STATES GOVERNMENT

Memorandum

TO : *g/k* Assistant Director
General Investigative Division

DATE: 10/12/76

FROM : *W* Legal Counsel

SUBJECT: *O* SOCIALIST WORKERS PARTY, et al., v,
THE ATTORNEY GENERAL, et al.
(U.S.D.C., S. D. N.Y.)
CIVIL ACTION FILE NO. 73 CIV 3160 (TPG)

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Adm. Serv. _____
Ext. Affairs _____
Fin. & Pers. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Rec. Mgnt. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

PURPOSE: To report that former Special Agent (SA) Fred J. Baumgardner was contacted concerning his request that the Department retain private counsel to represent him in this civil action.

SYNOPSIS & DETAILS: By letter dated 9/13/76, I advised Fred J. Baumgardner, who retired from this Bureau on 12/4/66, that plaintiffs in captioned civil action requested the identities of FBI employees whose names appear on documents revealing FBI break-ins directed against plaintiffs and that the United States Attorney's (USA) Office, Southern District of New York (SDNY), had indicated it would furnish his name in response to the request. The letter further advises that in the event Mr. Baumgardner's deposition is noticed, he may request Departmental authority to retain private counsel to represent him in this lawsuit.

detached & handled separately
By attached letter to the Attorney General (AG) dated 9/27/76, Mr. Baumgardner stated that my letter to him indicated that his deposition had been noticed and that he requested Departmental authority to retain private counsel. In his letter, Mr. Baumgardner also stated that he suffered a heart attack in 11/75, and since that time has had recurring health problems.

GML:ljm
GML:ljm
(7)

REC-57

7 OCT 20 1976

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ST-108

- 1 - Mr. [redacted]
- 1 - Mr. [redacted]
- 1 - Mr. Ingram
- 1 - Mr. Mintz
- 2 - Mr. [redacted]

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(CONTINUED--OVER)



5010-108

NOV 9 1976

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

PER. 100 1000

Memorandum to Assistant Director - General Investigative
Division
Re: SWP

On 10/6/76, information contained in Mr. Baumgardner's letter was furnished to Assistant United States Attorney (AUSA) [redacted] SDNY. AUSA [redacted] advised that Mr. Baumgardner's name had not yet been furnished to plaintiffs, that his deposition has not been noticed in the lawsuit, and that plaintiffs have indicated to him that they will not depose an individual with a substantial health problem. In the event plaintiffs desire to depose Mr. Baumgardner, AUSA [redacted] will advise them concerning the status of his health. [redacted] concluded that Mr. Baumgardner probably would not be deposed in this lawsuit.

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On 10/6/76, the foregoing information was telephonically furnished to Mr. Baumgardner at his residence in Louisville, Kentucky. He indicated that he was extremely relieved to learn of the above and requested then that his letter not be furnished to the AG.

RECOMMENDATION:

None. For information.

APPROVED:	Ext. Affairs.....	Laboratory.....
Assoc. Dir.	Fin. & Pers.	Legal Coun.
Dep. AD Adm.	Gen. Inv.	Plan. & Insp.
Dep. AD Inv.	Ident.	Rec. Mgmt.
Asst. Dir.	Intell.	Spec. Inv.
Adm. Serv.		Training.....

g/kub *jam/RFO*

Assistant Director
General Investigative Division

10-4-76

Legal Counsel

SOCIALIST WORKERS PARTY, et al. v.
THE ATTORNEY GENERAL, et al.
(U.S.D.C., S.D.N.Y.)
CIVIL ACTION NO. 73 CIV 3160 (TGP)

PURPOSE:

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Purpose is to report a request which Legal Counsel received by [] for his law firm to represent former Special Agent Fred J. Baumgardner.

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SYNOPSIS AND DETAILS:

At 9:50 a.m. on October 4, [] telephonically advised me that he had received a call from former Special Agent Fred J. Baumgardner who was seeking legal assistance. He said that Baumgardner had indicated he needed assistance in regard to captioned suit. [] said that this raised difficulties for him because the fund being provided by the Society of Former Special Agents did not contemplate providing counsel in regard to civil suits. He inquired as to the position of the Department of Justice in regard to providing legal representation in the suit.

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I explained to [] the general policy of the Department has been to review individual requests for counsel and to make determinations based on whether there appeared to be a basis for the Government to represent the employee and whether there was a conflict of interest in providing such representation. I also told him that Mr. Baumgardner recently forwarded to the Bureau a letter he had addressed to the Attorney General requesting the appointment of counsel to assist him in this matter. [] expressed appreciation for the information furnished and said that it would be helpful if he could be advised in the event the Department declined to provide legal representation to Mr. Baumgardner under

- 1 - Mr. []
- 1 - Mr. []
- 1 - Mr. Leavitt
- 1 - Mr. []
- 1 - Mr. []

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JAM:bpr

(8)

- 1 - Out-of-service file of Fred J. Baumgardner
- 1 - Mr. Mintz

CONTINUED - OVER

Memo from Legal Counsel to Assistant Director, General Investigative Division
Re: Socialist Workers Party

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circumstances where Mr. Baumgardner would need the assistance of counsel. I told [] I was confident that we would have further discussions with Mr. Baumgardner concerning this matter.

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At 12:07 p.m. on October 4, [] an attorney in Washington who is a member of the Legal Committee of the Society of Former Special Agents, telephonically advised me that he has been told by former Special Agent Baumgardner and by [] (former Special Agent), an attorney representing certain current Special Agents in regard to an inquiry now underway by the Department that the Department is not willing to furnish counsel in regard to civil suits. I told Mr. [] that my understanding was the Department is considering each request on an individual basis and that where there appeared a conflict of interest the Department would decline to provide legal assistance to an employee. Mr. [] said that the fund provided by the Society of Former Special Agents at present did not authorize payment for counsel in civil suits; instead, it was restricted to assisting those employees who are in need of counsel in regard to the criminal inquiry now underway in the Department. He said that if, in fact, the Department is refusing to provide legal assistance in civil suits the Society may decide to revise the conditions of the fund in order to pay for legal assistance where needed in regard to civil suits. He said that such discussions would be undertaken at the annual convention of the Society to be held in Philadelphia next week.

RECOMMENDATION:

For information.

September 13, 1976

Mr. Fred J. Baumgartner
3915 Taylor Boulevard
Louisville, Kentucky 40215

1 - Personnel File
1 - Mr. [REDACTED]
(Attn.: Mr. [REDACTED])
1 - Mr. Mintz
1 - Mr. [REDACTED]
1 - Civil Litigation

Re: Socialist Workers Party, et al. v.
The Attorney General, et al.
(U.S.D.C., S.D. New York)
Civil Action No. 73 CIV 3160 (EPG)

Dear Mr. Baumgartner:

The purpose of this letter is to advise you that plaintiffs in captioned civil action have requested the identities of FBI employees whose names appear on documents revealing FBI break-ins directed against plaintiffs from 1960 through 1966, and that the United States Attorney's (USA) Office, Southern District of New York (SDNY), has indicated it will furnish your name in response to this request.

By way of background, the Socialist Workers Party (SWP), its youth group, the Young Socialist Alliance (YSA), and fifteen individual plaintiffs filed a complaint in this civil action during July, 1973, alleging that defendants have denied them constitutional rights as a political party. They seek money damages as well as broad injunctive relief. Defendants include the Director, FBI, and other governmental officers as well as John F. Malone, former Assistant Director in Charge, New York Office, and Special Agents [REDACTED], presently assigned Milwaukee Office, and [REDACTED], presently assigned New York Office.

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Pursuant to discovery orders, the Department of Justice, via the USA, SDNY, has produced a substantial volume of FBI documents in this civil action. Documents released

See Note Page 4

DUPLICATE YELLOW

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Mr. Baumgartner

include those which reveal that from 1960 through 1966, the New York Office conducted 93 break-ins against the offices of SWP and YSA in New York City. When the break-in documents were produced, your name was deleted from them.

The USA's Office, SDNY, recently advised that plaintiffs have requested that they be furnished the identities of FBI personnel whose names appear on the entry documents. After exploring the matter with the Department of Justice, they see no sufficient legal ground for denying this request. Accordingly, information requested will be released to plaintiffs in the near future. AUSA [redacted] [redacted] SDNY, has indicated that plaintiffs attorneys have stated to him that they will depose certain individuals whose names appear on the documents in an effort to obtain information to prosecute their lawsuit.

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In the event your deposition is noticed (you are notified your deposition will be taken) by plaintiffs, you may request Departmental representation. The Department has indicated, however, that potential conflicts of interest may preclude it from representing some Bureau personnel in this lawsuit. In such cases, however, the Department indicated that it may retain private counsel to represent the individual in question.

The Department has indicated that a continuing question is how an Agent or former Agent, who is a defendant in this case or who is scheduled to be deposed, can request outside representation. The Department agrees that it should not require the individual to waive any Fifth Amendment privilege. On the other hand, the Department must have sufficient information from the request to determine if a potential conflict exists and that the retention of private counsel is justified.

Mr. Fred J. Baumgartner

In balancing these concerns, the Department has indicated that the best course to follow is to require the Agent who desires outside counsel to show in his letter to the Attorney General something along the following lines:

Re: Socialist Workers Party, et al. v.
The Attorney General, et al.
(U.S.D.C., S.D. New York)
Civil Action No. 73 CIV 3160 (TPG)

Dear Mr. Attorney General:

My deposition has been noticed by plaintiffs in this lawsuit. By letter dated September 13, 1976, I was advised by Assistant Director John A. Mintz, Legal Counsel, FBI, that my name is being furnished to plaintiffs in connection with their request for the identities of FBI Agents whose names appear on New York Office documents revealing break-ins against Socialist Workers Party (SWP)/ Young Socialist Alliance (YSA) from 1960 through 1966. During the period _____ to _____ I was assigned to FBI Headquarters. I retired from the FBI on _____.

I have been advised by the Legal Counsel of the FBI that the Government's interest in defending this action may not permit Departmental attorneys to assert defenses to which I would otherwise be entitled. Accordingly, in order to avoid the potential for conflict, I hereby request the Department to retain private counsel to represent me in my individual capacity for the purposes of this action.

Sincerely yours,

Mr. Fred J. Baumgartner

In the event your deposition is noticed and you desire to request authority to obtain private counsel at Government expense, address your letter to the Attorney General and forward it to the Director, FBI, Attention: Legal Counsel Division. We will furnish same to the Department.

Sincerely yours,

John A. Mintz
Assistant Director - Legal Counsel

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NOTE: On 9/10/76, AUSA [REDACTED], SDNY, advised that the FBI break-in documents in question reveal that Fred J. Baumgartner, FBIHQ official, gave oral authorization for the New York Office to conduct SWP/YSA break-ins on eight different occasions. Mr. Baumgartner's name is being furnished to plaintiffs pursuant to their discovery request.

1 - Mr. J. B. Adams
1 - Mr. J. A. Mintz
1 - Mr. E. W. Walsh

Mr. W. R. Wannall

11/6/75

W. O. Cregar

1 - Mr. D. W. Moore
1 - Mr. W. R. Wannall
1 - Mr. W. O. Cregar
1 - Mr. S. F. Phillips

SENSTUDY 75

Former Section Chief Fred J. Baumgardner, retired and residing Louisville, Kentucky, was interviewed by the Staff of the Senate Select Committee on Intelligence Activities (SSC) a few weeks ago and was scheduled for another interview in their offices 10:00 a.m., 11/6/75. At 9:45 a.m. today, 11/6/75, Supervisor S. F. Phillips of the Senstudy 75 Project was telephonically advised by Robert Pence, ASAC, Louisville Office, that Baumgardner is now hospitalized for observation, no visitors, at the Methodist Hospital in Louisville. Baumgardner visited his physician yesterday morning and apparently his condition was such necessitating immediate hospitalization at which time it was discovered that Baumgardner had had a heart attack the previous evening, 11/4/75. Pence called so that the Bureau would know of the foregoing and the Bureau could advise the SSC that Baumgardner would not be present for the scheduled interview.

Phillips immediately telephonically contacted SSC Staff Member [redacted] to advise her of the foregoing. She indicated she had already been advised by Baumgardner's secretary yesterday.

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RECOMMENDATION:

The External Affairs Division, after first checking through the Louisville Office for an update on Baumgardner's condition, prepare an appropriate letter over the Director's signature to be sent to Baumgardner wishing him a speedy recovery.

62-116395

1 - 67-

(Personnel file former SA Fred J. Baumgardner)

SFP:mjg

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67-116395-40
1 NOV 25 1975

1 - Mr. J. B. Adams
1 - Mr. J. A. Mintz
1 - Mr. W. R. Wannall

The Attorney General

November 5, 1975

Director, FBI

1 - Mr. J. G. Deegan
1 - Mr. R. L. Shackelford
1 - Mr. W. O. Cregar
1 - Mr. S. F. Phillips

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

Enclosed is the original of a memorandum, with attachment, which reports the results of an interview of former FBI Section Chief Fred J. Baumgardner by SSC Staff Members. Also enclosed is a copy of the memorandum, with attachment, for forwarding to Mr. James A. Wilderotter, Associate Counsel to the President.

As you know, we have been forwarding to you numerous memoranda reporting the results of SSC Staff interviews of present and former FBI personnel. From time to time, we have noted in these reports to us what might be considered improprieties on the part of the interviewers. We have submitted these reports to you without comment, choosing to let the facts speak for themselves insofar as the reports are made to us by the personnel interviewed. We are taking the occasion of the report of the interview of Baumgardner to call to your attention by this communication certain aspects of the Baumgardner interview suggestive of impropriety on the part of the interviewers.

On page two of the Baumgardner memorandum, he pointed out that he had been asked at the outset of the interview to read and sign a form entitled "Advice of Rights." After reading it, Baumgardner declined to sign it and explained his reason as being that the form would indicate agreement by Baumgardner that he had appeared voluntarily for interview whereas he did not consider that his appearance was voluntary. Of significance is the statement made by one of the interviewers, SSC Staff Member [redacted], that unless the form was signed by Baumgardner, no interview would be conducted. Baumgardner persisted in not signing the form, and notwithstanding the threat, the interview proceeded as reported in the material being furnished you. This is not the first occasion known to

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SFP:mjg
(12)

(Personnel file former SA Fred J. Baumgardner)

The Attorney General

us wherein an interviewee was told after appearing for interview that if he did not sign the "Advice of Rights" statement the interview would not proceed. Former FBI Special Agent George A. Berley related a similar instance to us as reported in an FBI memorandum dated October 23, 1975, which has been furnished to you.

Pages five and six of the Baumgardner memorandum reported the questioning of him about Martin Luther King, Jr. and the March on Washington. Baumgardner told the interviewers that there had been a great deal of Communist Party activity throughout the country in urging people to participate in the March and that Communist Party leaders and members came to Washington, D. C. and participated in the March. At this point in the interview, SSC Staff Member [] asked Baumgardner why the FBI felt that 200 communists could come to Washington, D. C. and take over the Government. Baumgardner replied that no one in the FBI thought that the Communist Party would take over the U. S. Government during the March on Washington. Baumgardner further told the interviewers that he, Baumgardner, thought that [] knew that no one in the FBI had any such idea and Baumgardner wanted to know why [] had asked him such a question. At that point, [] recognized that Baumgardner was quite annoyed at the question and [] mumbled some half apologetic answer.

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On page seven of the Baumgardner memorandum, there is reported the questioning of him concerning one Stanley David Levison. According to Baumgardner, [] desired to get into a detailed discussion concerning Levison and his connection with the Communist Party. Baumgardner replied that he declined to be drawn into any such discussion on the basis that it might compromise FBI sources. Again, according to Baumgardner, [] persisted in discussing the Levison matter. As you are aware, there has been a longstanding agreement between the SSC and this Bureau in respect to interviews of this nature that interviewees would not be required to answer questions when in their mind the answers might be revealing of the identities of FBI confidential sources.

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Enclosures (4)
62-116395

1 - The Deputy Attorney General

Attention: []

Special Counsel for
Intelligence Coordination

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1 - Mr. J. B. Adams
1 - Mr. J. A. Mintz
1 - Mr. W. R. Wannall
1 - Mr. J. G. Deegan

62-116395

November 5, 1975

1 - Mr. R. L. Shackelford
1 - Mr. W. O. Cregar
1 - Mr. S.F. Phillips

U. S. SENATE SELECT COMMITTEE
TO STUDY GOVERNMENTAL OPERATIONS
WITH RESPECT TO INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER FBI
SECTION CHIEF FRED J. BAUMGARDNER
BY SSC STAFF MEMBERS

The following concerns an interview by SSC Staff
Members of former FBI Section Chief Fred J. Baumgardner.

On April 23, 1975, the Louisville Field Office of the
FBI advised that it had been informed by Baumgardner that he
had been contacted by SSC Staff Member [redacted] who had
sought to arrange an interview of Baumgardner. Baumgardner
requested of the FBI that a Bureau representative be present
during interview.

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On April 24, 1975, Baumgardner telephonically contacted
the Legal Counsel Division of this Bureau and related he had
been requested to come to Washington, D. C., to be interviewed by
[redacted]. Baumgardner told [redacted] that he would make himself
available for interview at his own office in Louisville, Kentucky.
Baumgardner expressed concern regarding the interview, pointing
out that he had been a Section Chief in the Intelligence
Division for some 18 years and had continually dealt with very
sensitive matters which he felt were not the proper subject
matter of discussion with people outside the FBI. Additionally,
Baumgardner pointed out that he had been out of the Bureau for
some eight years and since he was not aware of current Bureau
operations, he requested the Bureau have a representative present
during the interview and that that individual be thoroughly
familiar with current Intelligence Division operations so that
Baumgardner might be made aware of those areas which are sensitive
and might compromise current Bureau investigations.

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ORIGINAL AND ONE COPY TO AG

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(Personnel file former SA Fred J. Baumgardner)

SFP:mjg
(11)

SEE NOTE PAGE TWO

U. S. Senate Select Committee
to Study Governmental Operations
With Respect to Intelligence Activities (SSC)

Re: Interview of Former FBI Section Chief
Fred J. Baumgardner by SSC Staff Members

As reported in the attachment to this memorandum, negotiations between Baumgardner and the SSC apparently broke down and it was not until late September, 1975, that negotiations were resumed leading up to the interview which took place on October 8, 1975.

Subsequently, this Bureau waived Baumgardner's employment agreement as to confidentiality for the purpose of the interview which was to concern the FBI's investigations of Martin Luther King, Jr., Communist Influence in Racial Movement, and his knowledge of the Security Index and related indices.

Attached is a memorandum prepared by Baumgardner which reports the interview.

Enclosure

NOTE:

Legal Counsel Division contacts with Baumgardner were by Supervisor [redacted]. We are including with our LHM the one which Baumgardner had prepared through our Louisville Office and submitted by Louisville airtel 10/21/75, "Senstudy 75." The only corrections made at the Bureau in the LHM were to alter some incorrect spellings of names and in paragraph three of page six, the name [redacted] was changed to [redacted] after telephonically conferring with Baumgardner.

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UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Louisville, Kentucky
October 20, 1975

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

BACKGROUND

I was first contacted by [redacted] SSC Staff Member, in April, 1975. Tentative arrangements were made for [redacted] to come to Louisville, Kentucky, to conduct the interview. I contacted the Bureau and was advised that a current Special Agent of the Federal Bureau of Investigation (FBI) would be made available to sit in on the interview if I requested it. Such a request was made and the Bureau so advised [redacted]. Subsequently, [redacted] called me and asked whether I had requested someone from the Bureau to sit in on the interview. I replied that I had, and [redacted] hung up the phone. No further contact was made with me until late in September, 1975. At that time, [redacted], SSC Staff Member, called me requesting that I testify in Washington, D. C. After I discussed this matter with the Bureau, I made arrangements with [redacted] to appear before Staff Members of the Committee in Washington, D. C., on October 8, 1975. The next day, after these arrangements were completed, [redacted] called and advised me that I would be testifying under oath and that I could request to be represented by an attorney. No such request was made.

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INTERVIEW RE DR. MARTIN LUTHER KING
AND COMMUNIST INFILTRATION OF THE
SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE (SCLC)
ORGANIZATION

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.



U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

At approximately 10:00 a.m., October 8, 1975, I
was interviewed by the following named SSC Staff Members:

[redacted]
and one other Staff Member whose name I cannot recall. [redacted]
began the interview by handing me a typed sheet captioned
"Advice of Rights". He asked me to read and sign that sheet.
After reading it, I declined to sign it. [redacted] stated he
didn't understand my reluctance to sign the "Advice of Rights"
form inasmuch as the FBI always did this when they conducted
interviews [redacted] was corrected on this statement and was
told that the FBI did not require every interviewee to sign
an "Advice of Rights" statement unless the interview involved
a possible violation of the law on the part of the person
being interviewed. Thousands of interviews are conducted by
the FBI where it would be completely out of place to advise
people that statements they might make could be used against
them in a court of law. [redacted] then indicated that unless
the "Advice of Rights" form was signed, no interview would be
conducted. I replied that I had come to Washington at the
insistence of the Committee, I was present, was available and
willing to go through with the interview but I would not sign
the "Advice of Rights" form. One point in the form stated
that the interviewee had appeared voluntarily for interview.
I made the point the I had not come voluntarily but had come
only at the insistence of the Committee.

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At the beginning of the interview, [redacted] handed
me two or three memoranda. During the course of the interview,
he let me read several other memoranda. In all, he made
available to me a total of 12 memorandums, the captions and
dates of which are set out as follows:

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- 1) F. J. Baumgardner to W. C. Sullivan, dated
August 22, 1963, "March on Washington".
- 2) F. J. Baumgardner to W. C. Sullivan, dated
August 29, 1963, "March on Washington".

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

- 3) F. J. Baumgardner to W. C. Sullivan, dated September 16, 1963, "CPUSA - Communist Influence - Racial Matters".
- 4) W. C. Sullivan to A. H. Belmont, dated September 25, 1963, "CPUSA - Negroes Question".
- 5) F. J. Baumgardner to W. C. Sullivan, dated November 19, 1963, "CPUSA - Negro Question".
- 6) F. J. Baumgardner to W. C. Sullivan, dated December 19, 1963, "CPUSA - Negro Question".
- 7) W. C. Sullivan to A. H. Belmont, dated December 24, 1963, "CPUSA - Negro Question".
- 8) W. C. Sullivan to A. H. Belmont, dated January 6, 1964, "CPUSA - Negro Question".
- 9) F. J. Baumgardner to W. C. Sullivan, dated January 28, 1964, "CPUSA - Communist Influence - Racial Matters".
- 10) F. J. Baumgardner to W. C. Sullivan, dated August 31, 1964, "Martin Luther King".
- 11) F. J. Baumgardner to W. C. Sullivan, dated September 8, 1964, "Martin Luther King".
- 12) F. J. Baumgardner to W. C. Sullivan, dated September 17, 1964, "Martin Luther King".

The questions posed to me by the Staff Members revolved around the information which appeared in the above listed memoranda. I took no notes of the questioning and cannot set forth the questions and answers in the order in which they were asked. However, I will set out as many of the questions, together with my answers, as I can recall. Practically all of the questions were asked by [REDACTED]. I am unable to quote the exact questions and my exact answers; however, I will set out the gist of the questions and my answers as best I can recall them.

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U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

Q. Why did the FBI open a case on Martin Luther King and the SCLC?

A. To the best of my recollection, some Communists were in the headquarters of the SCLC. In addition, a secret Communist Party member was exerting influence on King. Since King made policy decisions for the SCLC, the FBI had the responsibility to determine whether this important organization was being used by the Communist Party for its own purposes.

Q. When and why did the Bureau change from a Communist infiltration investigation to an effort to expose King?

A. We had developed information concerning King's moral conduct which indicated a vulnerability on his part and since the Communists were exerting influence on him, it appeared to be in the best interest of the country from a security standpoint.

Q. Did you know a tape of activity concerning King and others, which took place at the Washington Hotel, was sent to Mrs. King?

A. I don't recall any such incident and the first I can recall about it was a news item which appeared a few weeks ago in a Louisville newspaper. That item indicated that a Special Agent of the Atlanta Office of the FBI was quoted as saying he had made available such a tape to Mrs. King. [redacted] said that story was wrong; the tape was sent from Washington, D. C., by someone else. I asked him if he knew who had taken the tape and he said he did. I asked him for the name of the person but he refused to give it to me. In answer to a question, I told [redacted] I was aware of the existence of the tape. The only discussion I could recall concerning the use of the tape to expose King's immoral activity was one I had with W. C. Sullivan when he raised the question of whether it could somehow be made public through the news media. I objected to this approach and the matter was dropped.

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U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

- Q. [] asked me about a conference at the Seat of Government with two Special Agents from the FBI Office in Atlanta for the purpose of discussing ways to expose King. b6 b7C
- A. I didn't recall any such conference. However, [] then showed me a memorandum which set out the details of such a conference, together with a list of possible ways in which King could be exposed. b6 b7C
- Q. [] then showed me an undated, uncaptioned page of typing on plain bond paper. He asked me to read it. It was a diatribe against King and was full of dirty words and bad language. [] asked me if I was familiar with it. b6 b7C
- A. I told him I did not recall having seen it before. I asked him where he got it. He said it came from Bureau files. I asked him if he knew who wrote it. He smilingly indicated that he did but he refused to tell me the name of the person. b6 b7C
- Q. [] asked the procedure we used in opening a Communist infiltration case. b6 b7C
- A. I couldn't recall the exact criteria used to open such cases but told him it would be necessary for us to have information that the Communist Party had infiltrated an organization before we would open such a case.
- Q. [] asked why was the FBI interested in the March on Washington. b6 b7C
- A. I replied that the FBI had information that Stanley Levison, a Communist, had consulted with King about the march and had advised him. Further, that there was a great deal of Communist Party activity throughout the country in organizing and urging people to participate in the march.

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

In addition, Communist Party leaders and members planned and did participate in the march and actually came to Washington, D. C.

Q. At that point, [] asked why did the FBI feel that 200 Communists could come to Washington, D. C., and take over the Government.

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A. I replied that no one in the FBI thought the Communist Party would take over the United States Government during the March on Washington. I told him I thought he knew that no one in the FBI had any such idea and I wanted to know why he had asked me such a question. Mr. [] knew that I was quite annoyed and he mumbled some half apologetic answer.

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Q. [] showed me a copy of a note from Director Hoover on a memorandum, in which the Domestic Intelligence Division was recommending the sending of instructions to the field to make careful checks and open Communist infiltration cases where warranted. In effect, the Director's note said since the Domestic Intelligence Division had informed him there was no material Communist Party activity in the March on Washington, he was not going to expend time and money on such matters.

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A. I told [] it appeared that the Director was upset about something but that I had no independent recollection of what it was.

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Q. [] asked whether there was at that time a deep division of opinion in the Bureau with the Domestic Intelligence Division taking the position there was no significant Communist activity in connection with the March on Washington and the Director taking the position there was.

A. I replied that there was no deep division of opinion in the Bureau on this subject to my knowledge. I made the point that the Domestic Intelligence Division had not been ordered to change its mind by the Director and that in this instance, as always, we reported factually on information developed.

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

Q. [] continued to refer to the Bureau's efforts to expose King and indicated he thought we had gone rather far when we had furnished information about King to the Pope.

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A. I replied I never thought we had furnished any information to the Pope. [] then showed me a memorandum which instructed SAC Malone of the New York Office to contact [] or Cardinal Spellman and brief them on King in order that they could in turn get the information to the Pope. This action grew out of a trip King was making to Europe and it was thought that he would see the Pope at that time. I pointed out to [] that although the memorandum in question had been sent up over my name, I had in fact not seen the memorandum inasmuch as someone had initialled it for me. He looked at the memorandum and agreed and then asked who had initialled it. I replied it appeared to be either James Bland or Charles Brennan.

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Q. [] asked how the FBI knew Levison was a Communist.

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A. The FBI had reliable information that Levison was a secret member of the Communist Party and was advising King on important matters involving the activities of the SCLC.

Q. [] wanted to get into a detailed discussion concerning Levison and his connection with the Communist Party.

A. I declined to be drawn into any such discussion on the basis it might compromise Bureau sources.

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Q. [] persisted in discussing the Levison matter.

A. I asked him if he was going to show me a memorandum or a case file on Levison; as he had on other matters he had asked me about.

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

- Q. [] asked me if there was a case file on Levison..
- A. I told him I did not know. I told him that normally in such a situation, there would be a case file but I had no independent recollection of the Levison case.

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INTERVIEW RE THE SECURITY INDEX

At 1:30 p.m. on October 8, 1975, Staff Members [], a recording secretary whose name I didn't get, and I went to the office of Senator Robert Morgan (NC), where I was sworn by the Senator. The Senator appeared to be somewhat ill at ease and commented to me that "Times change." He explained that if he or some other Senator was not present, I would not be required to testify under oath unless I wished to. He then explained that he had to get back to the Capitol and he left. The Staff Members, the recorder and I then went to the interview room.

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[] asked me to read a lengthy memorandum which compared the Department's criteria for Security Index subjects with the FBI's criteria for Security Index subjects. During the course of the questioning, [] made available to me five or six memoranda which ranged in time from 1949 to 1956 or 1957. All of these memoranda had to do with Security Index matters.

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[] opened the session by reading into the record the "Advice of Rights". She did not ask me to sign the "Advice of Rights". When she had finished reading, I put into the record an objection concerning the statement that I was voluntarily before the Committee. I wanted the record to clearly show that I was appearing at the insistence of the Committee. [] commented he couldn't see what difference it made. I told him it made a difference to me.

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Q. [] asked me to detail my Bureau career.

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U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

- A. I replied that I entered the service in 1939, was transferred into the Seat of Government in 1942 or 1943, that I supervised War Labor Disputes Act cases; that at or near the end of World War II, I was transferred to the Internal Security Section. In 1946 or 1947, I was promoted to the position of Number 1 Man in that section. In 1948 or 1949, I was made Chief of the Internal Security Section and remained in that position until I retired in 1966. I called attention to the fact that the dates were to the best of my recollection but that my service record would speak for itself concerning the accurate dates. b6 b7C
- Q. [] asked me to explain the origin of the Security Index.
- A. I told her it was in operation when I first came to the Seat of Government and I could not furnish any information concerning the history of the Security Index.
- Q. [] asked whether I approved the inclusion of names in the Security Index. b6 b7C
- A. I replied I thought I had done so. [] then remarked something to the effect, "I think we had better show him this memo." He was referring to a memorandum he was holding in his hands. He then showed me the memorandum which revealed that individual supervisors initialled forms for including subjects' names in the Security Index. The case Agent's initials were countersigned by an experienced Supervisor. I then stated that apparently I had been wrong when I recalled that I had approved the inclusion of subjects' names in the Security Index. They then showed me another memorandum to the effect that I should personally approve certain Security Index subjects before their names could be included in the Security Index. I pointed out that this was what I must have had in mind when I thought I had approved cases for the inclusion of the subject's name in the Security Index.

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

- Q. With respect to the memorandum which compared Department criteria for inclusion of subjects' names in the Security Index with Bureau criteria in that regard, [] asked me if there was a dispute between the Department and the Bureau concerning the criteria. b6 b7C
- A. I told [] I had no independent recollection of such a dispute although there could have been one. b6 b7C
- Q. [] asked why the FBI had made a list of names of United States citizens.
- A. The purpose of the Security Index, to the best of my memory, was so there would be available the names and addresses of Communist Party members who were considered dangerous to the internal security of the country in order that they could be apprehended if such action became necessary during a national emergency.
- Q. How did the FBI decide what names to put in the Security Index?
- A. Members of the Communist Party were included in the Security Index but I couldn't recall other breakdowns in the Index.
- Q. How did you open Communist infiltration cases?
- A. I couldn't recall the criteria but if the Communist Party had infiltrated an organization and were influencing the activities of the organization, we would open a Communist infiltration case.
- Q. Did the FBI use the Security Index to open cases? If a Security Index subject attend the meeting of an organization, would a Communist infiltration case be opened?
- A. As far as I know, the FBI did not set up the Security Index in order to use it to open other cases. The mere attendance of a Security Index subject at a meeting would not be

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

sufficient to cause the FBI to open a Communist infiltration case. As I recall it, there would have to be information that the Communist Party had infiltrated the organization. In addition, the aims and purposes of the organization itself might reflect Communist influences.

- Q. If one Security Index subject attended a meeting, would a Communist infiltration case be opened?
- A. It wasn't a question of one or six Security Index subjects attending a meeting. The FBI utilized its experience in applying the criteria we had for opening such cases.

From time to time, [] and [] would go off the record for a discussion of matters of which I had no independent recollection. I tried to make it clear that the main thrust of the Security Index was to have available the names and addresses of people who would be dangerous to the internal security of the country in order that they could be detained in the event of a national emergency.

- Q. [] asked if the apprehension program would be initiated on the basis of a memorandum prepared by a Special Agent of the FBI. b6 b7C
- A. I told her that the program of apprehension would not be initiated in that way. I explained that the FBI would receive orders from the Attorney General in this regard. I told her that there was a prepared set of rules called a Portfolio which outlined the steps to be taken in order to put the program into operation. b6 b7C
- Q. [] asked if consideration had ever been given to putting the Security Index into operation.
- A. I replied that on one occasion, Carl Hennrich, Assistant to A. H. Belmont, had asked me to come to his office to discuss putting the program into operation.
- Q. When did this occur?
- A. I don't remember the year.

U. S. SENATE SELECT COMMITTEE
ON INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER SECTION CHIEF
FRED J. BAUMGARDNER BY SSC STAFF MEMBERS

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Q. [] asked if any review was ever made of the Security Index.

A. Yes. The cases were under constant review and great care was exercised to make certain that names were deleted from the Security Index when such action was warranted.

Near the end of the questioning, [] showed me a memorandum dated in 1955 which Mr. Tolson had sent to the Director. In this memorandum, Mr. Tolson commented that the FBI had tried to get the Department to review all Security Index cases without success. He pointed out that we were including names of people who would be apprehended in the event the program was ever made operational. He was concerned about this because in every other type of case, Departmental Attorneys or United States Attorneys in the field made the determination concerning apprehension. He felt it was a heavy burden for the Bureau to carry this responsibility with respect to the Security Index. Mr. Tolson recommended that the cases, or at least certain of them, be approved by several people including me and Belmont (A. H. Belmont, Assistant Director).

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I told [] I had no independent recollection of this memorandum and could not add anything to what Mr. Tolson had written.

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1 - Mr. Mintz
1 - Mr. McDermott
1 - Mr. Hotis

Mr. J. B. Adams

10/28/75
1 - Mr. []

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Legal Counsel

GOVERNMENT INFORMATION AND INDIVIDUAL RIGHTS
SUBCOMMITTEE OF THE HOUSE COMMITTEE ON
GOVERNMENT OPERATIONS

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On 10/23/75, former Special Agent Fred H. Baumgardner telephonically contacted SA [] of this Division and advised that he had been contacted by an individual who identified himself as [] a Staff Member of captioned Committee. Jacobs informed Baumgardner he wanted to ask him about information contained in the W. C. Sullivan to C. D. DeLoach memorandum dated July 19, 1966, captioned "'Black Bag' Jobs."

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Baumgardner stated he asked Jacobs where he learned of such a memorandum and Jacobs responded that the memorandum had been made public during Senate Select Committee hearings. [] interests, according to Baumgardner, was in the "Do Not File" procedure which was used for this memorandum. Baumgardner asked [] if he had secured Bureau approval for interviewing Baumgardner concerning this matter to which [] stated no. Baumgardner stated he informed [] that he could not discuss this or any other matter concerning his employment with the FBI in the absence of obtaining a clearance from the Bureau because of his employment agreement. [] accepted this response and told Baumgardner that he would recontact him at a later date after contacting the Bureau.

RECOMMENDATION:

For information.

1 - Personnel File - Fred H. Baumgardner
J

PVD:lad

(7)

1975

Louisville, Kentucky
September 1, 1982

Hon. William H. Webster, Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Webster:

Recently I was advised by the Bureau that I, along with the other individuals named as defendants in the civil suit filed by the National Lawyers Guild, had been dismissed from the case.

This was indeed welcome news and I am most grateful to the personnel in the Legal Counsel's Office for the outstanding work they did in bringing about this most desired result.

I am proud to have been a part of the F.B.I. during some very difficult periods in our country's history. I am even prouder that the Bureau under your direction, has not only survived the efforts of those who would have destroyed it, but has once again resumed its place as the top law enforcement agency in America. Your strong leadership has been the key to this success.

Since my wife Elizabeth and I cannot thank you personally, we are sending you this note to let you know just how grateful we are.

We pray the Lord will continue to bless you and grant you the strength and the wisdom to cope with the problems which face you.

Sincerely,

Fred J. Baumgardner
Fred J. Baumgardner

F. J. BAUMGARDNER
10008 3RD ST. ROAD
LOUISVILLE, KY.
40272

136594-419

Exec AD Adm. _____
Exec AD Inv. _____
Exec AD LES _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Off. of Cong. & Public Affs. _____
Telephone Rm. _____
Director's Sec'y _____

FBI/DOJ

EXP. PROC.
SEP 2 1982

ACK 9-15-82
CAM/bj

cc: [unclear]
[unclear]

Assistant Director
Administrative Services Division

5/16/78

Legal Counsel

1 - Mr. [REDACTED]
1 - Mr. Minter
1 - Mr. Potis
1 - Mr. [REDACTED]

HOUSE SELECT COMMITTEE ON
ASSASSINATIONS (HSCA)

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PURPOSE: The purpose of this memorandum is to advise that the below listed employees have been released from their employment agreements.

DETAILS: To date, staff attorneys of the HSCA have conducted a number of interviews of Special Agents and former Special Agents in connection with the Committee's investigation into the assassination of Dr. Martin Luther King, Jr. Additional requests for agent interviews have been submitted by letters to the Attorney General from G. Robert Blalock, Chief Counsel and Director, HSCA. These agents, their offices of assignment or last known address, and the date of interview request are as follows:

<u>AGENT</u>	<u>OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS</u>	<u>DATE OF REQUEST</u>
Richard L. Long	FRING	4/28/78
[REDACTED] (former)	[REDACTED] Virginia	4/28/78

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ECL/KEM/pfa (21)

COPIED - OWT

- 1 - Personnel file of Richard L. Long
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of Gordon D. Delosch
- 1 - Personnel file of Courtney Evans
- 1 - Personnel file of Robert [REDACTED]
- 1 - Personnel file of Fred J. Baumgardner
- 1 - Personnel file of Joseph A. Cisco
- 1 - Personnel file of Charles D. Brennan
- 1 - Personnel file of James E. Mland
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of Paul L. Cox

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67-NOT RECORDED

3 JUL 12 1978

MEMORANDUM TO THE ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES DIVISION
RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

The above agents will be telephonically advised by the Legal Liaison and Congressional Affairs Unit, Legal Counsel Division, and Congressional Inquiry Unit, Records Management Division, of the interest of the Committee and, prior to interview, Legal Counsel representatives will provide these agents with a briefing as to the scope and limitations of the interview.

RECOMMENDATIONS:

(1) That the Legal Counsel Division make appropriate notification to current employees regarding this matter.

(2) That the Congressional Inquiry Unit, Records Management Division, make appropriate notification to former employees regarding this matter.

BAUMGARDNER, FRED JACKSON

(SUBJECT)

67-136594

(FILE NO.)

☐ ALL SERIALS, EXCEPT THOSE REMAINING IN FILE AND THOSE LISTED AS CHANGED ON THIS SHEET WERE "SKIPPED" OR WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

☒ FOLLOWING SERIALS WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN 66-818-5388

2 thru 6,8,9,13,14,15,17 thru 20,22 thru 45,47 thru 50,52 thru 57,
59 thru 80,83 thru 86,88 thru 97,99 thru 104,106 thru 110,112 thru 128,
130,132,133,135 thru 141,144 thru 156,159 thru 164,166 thru 174,
176 thru 205,207,209,211 thru 215,217,219,221 thru 225,227 thru 232,
234,238,239,240,242 thru 249,251 thru 253,256,257,260 thru 262,267,
270 thru 272,274,276 thru 278,281,282,284,286,290,292,293,295 thru 302,
306,308 thru 313,315,316,322,325 thru 329,333,335,337,338,340 thru 345,
347,348,350 thru 352,355,358,362,364,366,367,368,370 thru 373,
376,378,379,382,384,385,388,390 thru 392,396 thru 399,402 thru 406,
408 thru 415

(TAB CARD IN THE NUMBERING UNIT
INDICATES ACTION TAKEN)

DATE 12-2-76

INITIALS

RKL

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Assistant Attorney General
Criminal Division
Attention Mr. [REDACTED]
Director, FBI

June 21, 1978

1 - Legal Counsel Division
Attn: Mr. [REDACTED]
1 - Mr. [REDACTED]
1 - Mr. [REDACTED]

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HOUSE SELECT COMMITTEE ON ASSASSINATIONS
U. S. HOUSE OF REPRESENTATIVES (HSCA)

Reference is made to the letter to the Attorney General from [REDACTED], HSCA, dated May 31, 1978, which requested, in connection with the HSCA's investigation into the assassination of Dr. Martin Luther King Jr., that certain information concerning the state of health of former Special Agents Fred J. Baumgardner and [REDACTED] be provided to the HSCA.

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Enclosed are an original and one copy of a memorandum in response to the above request. It is requested that you deliver a copy of this memorandum to the HSCA.

Enclosures (2)

62-117290

TWB:pfn (8)

NOTE: By letter dated April 22, 1978, the HSCA had requested that 14 Agents including [REDACTED] and Baumgardner be made available for interview. In attempting to contact Baumgardner, ASAC Middleton, Louisville Office, advised that Baumgardner was in very poor health after suffering a heart attack recently. [REDACTED] who is currently a judge in Arlington County, Virginia, was contacted and he advised that he had just returned to work after recovering from a heart attack and his doctor did not want him to be put under any stress. This information was passed on to the Committee, which precipitated this request.

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On June 15, 1978, [REDACTED], Staff Member, HSCA, was contacted and was advised that with the acquiescence of [REDACTED] and Baumgardner that the telephone numbers of their doctors would be furnished to the Committee in order for them to resolve the question of their availability for interview. Webb advised that this was acceptable to the Committee. Thereafter, Webb was furnished with the following information:

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- 1 - Personnel file of Fred J. Baumgardner.
- 1 - Personnel file of [REDACTED]

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SEE NOTE PAGE TWO...

67-NOT RECORDED
1 JUN 22 1978

HOUSE SELECT COMMITTEE ON ASSASSINATIONS
U. S. HOUSE OF REPRESENTATIVES (HSCA)

[REDACTED]
[REDACTED]

Baumgardner - [REDACTED]
[REDACTED]

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1 Legal Counsel Division
Attn: Mr. [REDACTED]
1 - Mr. [REDACTED]
1 - Mr. [REDACTED]

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b7C

June 21, 1978

LEGAL COUNSEL DIVISION ON ASSASSINATIONS
U. S. HOUSE OF REPRESENTATIVES (HSCA)

Reference is made to the letter to the Attorney General from [REDACTED], Chief Counsel and Director, HSCA, dated May 31, 1978, which requested, in connection with the HSCA's investigation into the assassination of Dr. Martin Luther King, Jr., that certain information concerning the state of health of former Special Agents Fred J. Baumgardner and [REDACTED] be provided to the HSCA.

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This memorandum is to confirm a conversation between [REDACTED] Staff Worker, HSCA, and Special Agent [REDACTED] of the Congressional Inquiry Unit, Records Management Division, during which it was agreed that, with the acquiescence of [REDACTED] and Baumgardner, the names and telephone numbers of their doctors could be furnished to the HSCA so that the Committee could receive any questions concerning their fitness for interview.

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After contacting former Special Agents [REDACTED] and Baumgardner, the names and telephone numbers of their doctors were furnished to [REDACTED] on June 15, 1978.

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This memorandum completes the response to the above referenced request.

TED:pfr (3)

62-117290

ORIGINAL AND ONE COPY TO ASSISTANT ATTORNEY GENERAL,
CRIMINAL DIVISION ATTENTION MR. [REDACTED]

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NOTE: See Director, FBI, letter to the Assistant Attorney General, Criminal Division, Attention: Mr. [REDACTED] dated June 21, 1978, captioned as above.

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July 15, 1977



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Dear Mr. First:

Receipt is acknowledged of your inquiry which was received in this Bureau July 11, 1977, regarding Messrs. [redacted] A. H. Belmont, and F. J. Baumgardner.

As indicated in my letter to you dated June 29, 1977, all of the individuals you inquired about are now retired. We have no information that these men are deceased. Upon retirement we no longer maintain active records on former employees and administration of their retirements are handled by the Bureau of Retirement, Insurance, and Occupational Health, U. S. Civil Service Commission, 1900 E Street, Northwest, Washington, D. C. 20415, and they may be able to assist you in this matter.

Sincerely yours,

Clarence M. Kelley
Director

AGT:gab (5) 67-139520

1 - Mr. A. H. Belmont (67-94639)

(1 - Mr. F. J. Baumgardner (67-136594)

66-1111

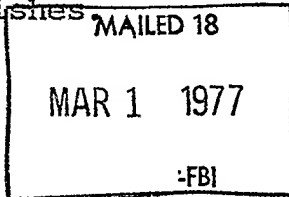
March 1, 1977

Mr. Fred J. Baumgardner
10008 Third Street Road
Louisville, Kentucky 40272

Dear Fred:

I certainly enjoyed receiving your letter of February 14th and was pleased by the kind remarks concerning the appearance of Mr. Czarnecki on "Newsmakers." These comments will be brought to his attention and I am sure he will be as appreciative as I am of your courtesy in writing.

The expression of support for my administration of this Bureau means much to me, and I thank you for your best wishes.



Sincerely yours,

Clarence

Clarence M. Kelley
Director

1 - Louisville - Enclosure
Personal Attention SAC.

NOTE: Mr. Baumgardner is a former SA who EOD 12/4/39 and retired 12/2/66, He is known to Mr. Kelley on a first-name basis.

Assoc. Dir. _____
Dep. AD Adm. CAM:amm (4)
Dep. AD Inv. amm

Asst. Dir.:
Adm. Serv. _____
Ext. Affairs _____
Fin. & Pers. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Rec. Mgnt. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____

FBI
COMMUNICATIONS SECTION
REC'D

LEB 58 2 CS 54,11

MAIL ROOM ☒

TELETYPE UNIT ☐

December 8, 1986

Mr. Fred J. Baumgardner
10008 3rd Street Road
Louisville, Kentucky 40272

Dear Mr. Baumgardner:

I appreciate your thoughtfulness in writing on November 14th and commenting so favorably on the efforts of our Legal Counsel Division and Special Agent [redacted] in particular. We, also, are pleased with the Judge's decision in the Wilkinson matter and appreciate your wholehearted cooperation throughout this lengthy matter.

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I am passing your letter along to our Legal Counsel Division and Mr. [redacted] and I know they will join me in extending warmest thanks for your personal recognition of their work.

b6
b7C

I also want to take this opportunity to extend my sincere thanks for your support of my direction of the Bureau. Your remarks and blessings are appreciated, and I hope my future efforts will warrant your continued approval.

Sincerely yours,

William H. Webster
Director

- 1 - Mr. Davis - Enclosure
Personal Attention: Also bring to the attention of SA [redacted].
- 1 - [redacted] - Enclosure
- 1 - 67-136594 (Fred Jackson Baumgardner) - Enclosure

b6
b7C

NOTE: Mr. BAUMGARDNER is a former SA who EOD 12/4/39 and retired 12/8/66. A copy of a note sent to Judge Webster from Legal Counsel on 11/4/86 regarding the civil action mentioned is attached for background information.

ESH:cmm (5)

53 1-7-87

67 NOV 21 1986

DEC 12 1986

Louisville, Kentucky
November 14, 1986

*rel
see if IB wants
to do*

Hon. William H. Webster, Director
Federal Bureau of Investigation
Washington, D. C. 20535

Re: Wilkinson, et. al. V
Federal Bureau of Investigation, et. al.
(U. S. D. C. C. D. Calif.)
Civil Action No. 80-1048 (AWT)

Dear Director Webster:

In a letter dated November 5, 1986 Assistant Director-
Legal Counsel, [redacted] of the Bureau advised that I have
been dismissed as a defendant in the captioned Civil Action.
He added that it is unclear whether the plaintiffs will seek an
appeal.

b6
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I am of course pleased with this decision of the court
and am most grateful to the Legal Counsel and the personnel in
his office who have worked so diligently, over the years, to
bring about this result.

I especially want to thank you for assigning Special
Agent [redacted] to this matter. He brought to the job an
intelligent and determined approach that has played a significant
role in bringing about what we all feel is a just and correct
decision by the court. I met Special Agent [redacted] when he came
to Louisville to discuss this overall matter with me. His in-
depth knowledge of the case and his grasp of the pertinent issues
involved made a deep and favorable impression on me. I feel
fortunate to have him assisting in the defense.

b6
b7C

My wife, Elizabeth, and I are grateful to you for the
manner in which you have led the FBI through a trying time in
its history. It is important for the citizens of our Country to
have a stable, trustworthy organization like the FBI to reassure
them in these troubled times. May the Lord continue to bless
your efforts in the years ahead.

Sincerely,

CORRESPONDENCE

PERS. REC. UN.

SA [redacted]

Div 9

[redacted]

ns/m 87-5814

CL U II

b6
b7C

Fred J. Baumgardner
Fred J. Baumgardner
10008 3rd. St. Rd.
Louisville, Ky. 40272

PAYROLL CARD OF:

BAUMGARDNER, FRED J.

E. O. A.: 12/4/39

AT Washington, D. C.

RESIGNED:

Born: 8/12/11

SS 224-60-1666

#11914

DIVISION	GRADE	SALARY	TITLE	DATE	NOTICE NO.
----------	-------	--------	-------	------	------------

GS 16	\$15,775	Supv. SA (Chief of the			
		Internal Security Section)	12/24/61	prl	709

GS 16	\$17,000	BSI Supv SA (Chief of the			
		Internal Security Section)	10-14-62	mbh	

GS 16	\$17,500	Supv. SA (Chief of the			
		Internal Security Section)	12-23-62	mbh	

GS 16	\$20,900	BSI Supv SA (Chief of the			
		Internal Security Section)	7-5-64	klr	

GS 16	\$21,555	Supv. SA (Chief of the			
		Internal Security Section)	12-20-64	mjc	

GS 16 (S-5)	\$22,331	BSI Supv. SA (Chief of the			
		Internal Security Section)	10-10-65	jah	

GS 16 (S-6)	\$23,000	Supv SA (Chief of the			
		Internal Security Section)	5-8-66	ln	

GS 16 (S-6)	\$23,425	BSI Supv. SA (Chief of the			
		Internal Security Section)			

7-3-66 epm

8-80

PAYROLL CARD OF: BAUMGARDNER, FRED J.

D.O.B.: 12-4-39

AT Washington, D. C.

RESIGNED:

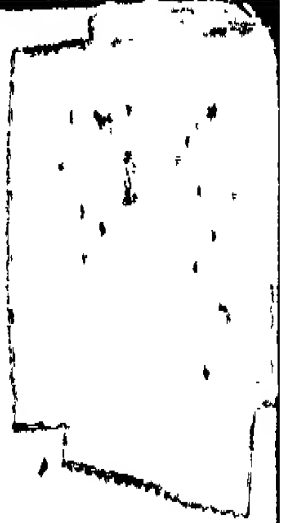
Born: 8-12-11

#11914
NOTICE NO.

DIVISION	GRADE	SALARY	TITLE	DATE	NOTICE NO.
Field	GS 14	\$10,000	Special Agent	4-13-52mcm	20768
"	GS 15	\$10,800 *	" "	7-20-52 djj	839
"	"	\$11,050	" "	1-17-54 dn	11516
Prom. changed to perm. action eff. 9-11-54-P.L. 763					
Div-5	GS 15	\$11,050	Supervisory SA	10-16-55p1	19863
"	"	\$11,300	" "	7-17-55 cac	30772
"	"	\$11,880	BSI " SA	3-13-55	cc
"	"	\$12,150	Supervisory SA	7-17-55cac	30772
"	"	\$12,420	" "	1-13-57vc	14390
"	"	\$12,690	Supv. Special Agent	7-13-58	kfv
Div. 5	GS 15	\$13,670	BSI Supv. SA	1-12-58	kfv
"	"	\$13,970	Supv. Special Agent	7-13-58	kfv
Field	GS 16	\$14,430	Supervisory SA		
(Chief of the Internal Security Sec) 6-13-60 jct					
Field	GS 16	\$15,515	BSI Supervisory SA	7-10-60	jlf
(Chief of the Internal Security Sec)					

IBM #11914

4-2-59 Cons. date for LI-1 figured dly/6



PATROL CARD OF: BAUMGARDNER, FRED J.

E.O.D. 12-4-39

AT Washington, D. C.

RESIGNED:

Born: 8-12-11

DIVISION	GRADE	SALARY	TITLE	DATE	NOTICE NO.
F	CAF 9	\$3200	Special Agent	12-4-39	BI-3295
LWOP indef. period begin. 9 AM 5/14/40					3343
Off LWOP 9 AM 7-18-40					BI-3366
F	CAF 10	\$3500	Special Agent	1-16-41	3421
"	CAF 11	\$3800	" "	10-1-41	3554
"	CAF 12	\$4600	" "	9-1-42	3765
"	"	\$4800	" "	4-1-45	36565
"	"	\$5390	BSI	7-1-45	ms
"	"	\$6144.60	BSI	7-1-46	db
"	"	\$6384	" "	10-6-46	ms 13/99
"	CAF 13	\$7102.20	" "	1-11-48	ms 8639
"	"	\$7432.20	BSI	7-11-48	agt
"	CAF 14	\$8509.50	"	1-23-49	ms 28501
"	GS 14	\$8800	BSI	10-30-49	cmr
"	"	\$9000	"	10-15-50	mc 5262
"	"	\$9800	BSI	7-8-51	pf

AS CHIEF OF INTERNAL SECURITY UNIT, SECURITY SECTION, OF D5-DI

OUTSIDE SOURCE

May 19, 1986

FILE/ETP

Mr. Fred J. Baumgardner
10008 3rd Street Road
Louisville, Kentucky 40272

Dear Mr. Baumgardner:

My office has received a letter from Mr. [redacted] a college professor and author, who is writing a biography of former FBI Director J. Edgar Hoover. As part of his research, Mr. [redacted] had identified some former FBI personnel whom he would like to interview in person or by telephone at his expense. He would like to interview you, and my office is acting as an intermediary.

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Please telephone Mr. [redacted] of my office at [redacted] with your decision by May 30, 1986.

b6
b7C

Sincerely,

/s/

b6
b7C

William M. Baker
Assistant Director
Office of Congressional
and Public Affairs

- 1 - Mr. [redacted] - Enclosure
- 1 - Correspondence Unit, Rm. 6236 - Enclosure
- 1 - Dr. [redacted] - Enclosure

67-131514-420
10 JUN 26 1986

NOTE: Mr. Baumgardner's address was obtained from the 1985 Directory of Former Special Agents of the FBI. OCPA has not been able to reach him by telephone with this request since his number is unpublished. He is a retired FBI official.

Exec AD Adm. _____
Exec AD Inv. _____
Exec AD LES _____
Asst. Dir.: EJP:kb (7)
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Insp. _____
Intell. _____
Lab. _____
Legal Coun. _____
Off. Cong. & Public Affs. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Telephone Rm. _____
Director's Sec'y _____

REC-102

10 JUN 5 1986

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73

Perf. Rec. Unit

10 JUL 3 1986

PLEASE RETURN TO [redacted]

PM 7332

FBI/DOJ

OUTSIDE SOURCE

Miscellaneous - Non-Subversive

May 6, 1986

Mr. and Mrs. Fred J. Baumgardner
10008 3rd Street Road
Louisville, Kentucky 40272

Dear Mr. and Mrs. Baumgardner:

Your expression of sympathy to the FBI and the families of Special Agents Grogan and Dove, who were killed, and the five wounded Agents is very much appreciated. We also appreciate your sharing with us your observations and concerns.

Your support of our efforts means a great deal to us. The supreme sacrifice made by Agents Grogan and Dove has moved us to rededicate ourselves to our remaining tasks in memory of them.

Sincerely,

William H. Webster
William H. Webster
Director

NOTE: FRED J. BAUMGARDNER is a former SA who EOD 12/4/39 and retired 12/2/66. Bufiles contain nothing to preclude this reply.

BHM:stb (3)

DE-94 63-0-76560

V-127

15 1986

Exec AD Adm. _____
Exec AD Inv. _____
Exec AD LES _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Insp. _____
Intell. _____
Lab. _____
Legal Coun. _____
Off. Cong. & Public Affs. _____
Rec. Mgmt. _____
Tech. Servs. _____
Training _____
Telephone Rm. _____
Director's Sec'y _____

NOT RECORDED
OCT 29 1986

PERS. REC. UNIT

OUTSIDE SOURCE

April 21, 1986

Miscellaneous - Non-Subversive

Hon. William H. Webster,
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Director Webster:

We wanted you to know how saddened we have been since news reached us that two FBI agents were killed and others wounded in carrying out their assigned duties. My wife, Elizabeth and I send our deepest sympathy to you and the Bureau and families of the agents involved.

No word of ours can add to their achievement but we are so proud of them for performing their duty with Fidelity, Bravery and Integrity. When faced with a most difficult problem they met it with courage and fortitude. They could have performed no greater service then to have given their lives to preserve the principle of law and order for the benefit of their countrymen.

These men need not have died in vain. Surely the executive branch of the Government can use this tragic event and others like it to convince congress to pass a law aimed at strengthening the country's intelligence agencies. Such a law would stand as a monument, not only to these men but to all agents since they too stand ready to give their lives in line of duty.

Sincerely,

Elizabeth & Fred J. Baumgardner
Elizabeth & Fred Baumgardner

via 63-0-76559

Ack let to:

Mr. & Mrs. Fred J. Baumgardner

5/6/86
BHM: [initials]

F. J. BAUMGARDNER
10008 3RD ST. ROAD
LOUISVILLE, KY.
40272



PERS. REC. UNIT

COPIES

REC-149

September 15, 1982

Mr. Fred J. Baumgardner
10008 3rd Street Road
Louisville, Kentucky 40272

Dear Mr. Baumgardner:

It was indeed thoughtful of you to write on September 1st and the best wishes of you and your wife are certainly appreciated. It will be a pleasure to see that your note of thanks is brought to the attention of the personnel in the Legal Counsel Division involved with the civil suit filed by the National Lawyers Guild, and I know they will share my gratitude for your kind comments.

We are happy that the matter has been resolved so satisfactorily for you and the others named, and you have our very best wishes.

Sincerely yours,

William H. Webster

William H. Webster
Director

1 - Mr. Mintz - Enclosure
Personal Attention: Bring to the attention of appropriate personnel.

NOTE: Mr. Baumgardner is a former SA who EOD 12-4-39 and retired 12/2/66.

Exec AD Adm. CAM:bj (4)

Exec AD Inv.

Exec AD LES

Asst. Dir.:

Adm. Servs.

Crim. Inv.

Ident.

Insp.

Intell.

Lab.

Legal Coun.

Off. Cong. &

Public Affs.

Rec. Mgnt.

Tech. Servs.

Training

Telephone Rm.

Director's Sec'y

MAIL ROOM

APPROVED:

Adm. Serv. Legal Coun.

Crim. Inv. Plan. & Insp.

Director *W. H. Webster* Rec. Mgnt.

Exec. AD Adm. Tech. Servs.

Exec. AD Inv. Intell. Training

Exec. AD LES Laboratory Off. of Cong. &

Public Affs.

63 SEP 24 1982

cam